

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Mr. Muhammad M. House

Write the full name of each plaintiff.

CV _____

(Include case number if one has been assigned)

-against-

Morgan and Morgan
P.A.

COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

RECEIVED
SDNY PRO SE OFFICE
2023 AUG -9 AM 9:52

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☒ Federal Question
- ☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

CONTRACT LAW - breaching of A
binding contract - ABA rules of professional
conduct

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of _____
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, Morgan and Morgan P.A., is incorporated under the laws of the State of Orlando FL.

and has its principal place of business in the State of Orlando FL.

or is incorporated under the laws of (foreign state) N/A?

and has its principal place of business in Orlando FL.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Muhammed E. Milhouse
First Name Middle Initial Last Name

197 Bowery St.
Street Address

N.Y. N.Y. 10002
County, City State Zip Code

929-312-8619 Rosefieldg2@yahoo.com
Telephone Number Email Address (if available) YAHOO.COM

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Ms. Kathleen Beatty
 First Name Last Name
 Attorney
 Current Job Title (or other identifying information)
 350 5th Avenue
 Current Work Address (or other address where defendant may be served)
 N.Y. N.Y. 10118
 County, City State Zip Code

Defendant 2:

Tara Cruz
 First Name Last Name
 Team Manager
 Current Job Title (or other identifying information)
 350 5th Avenue
 Current Work Address (or other address where defendant may be served)
 N.Y. N.Y. 10118
 County, City State Zip Code

Defendant 3:

Tariq Shury
 First Name Last Name
 Supervisor / Corporate Manager
 Current Job Title (or other identifying information)
 20 N Orange Avenue Suite 1600
 Current Work Address (or other address where defendant may be served)
 Orlando FL 32801-2914
 County, City State Zip Code

Defendant 4:

John Doe / Jane Doe
 First Name Last Name
 My Client Experience Team
 Current Job Title (or other identifying information)
 350 5th Avenue
 Current Work Address (or other address where defendant may be served)
 N.Y. N.Y. 10118
 County, City State Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

Over the phone / At 90 Broad St
 10th Floor and 2nd Floor

Date(s) of occurrence:

Oct 20, 2021 - Oct. 26, 2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

ON Oct 20th, 2021 I called Morgan and Morgan P.A. and within minutes I got called back and I told the intermedior that I am a victim of Rape and sexual assault and that this crime took place inside of a government isolation site located inside of the Hilton Garden Inn 6 Water Street N.Y. N.Y. and within minutes I recieved an email and was told to open the link and sign the contract so I did just that I was so relieved that some one was going help me get the Justice I deserved I also told them that those

government employees and also there
a lot of police corruption the interviewers
state no problem the bigger the better
were not afraid of anyone we
are the biggest law firm in America
nobody messes with us. I said OK
and the interviewers said you just
worry about getting better and
leave the rest to us - and keep an
eye out your legal team will contact

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mental anguish - emotional
distress (IED) Treatment: Mirtazapine 45mg
once a ~~day~~ day

Please see the Attach
as Evidence of all my injuries from the Rape

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Monetary relief in the amount
of \$544,000.00 USD please see the
attached Marked #1 - #2

you in a few day bye bye for now.
And good luck. But it was a complete
lie. and on Oct. 26 2021 After talking with
my lawyer for the last time because she
sent me an email telling me my
contract is as good as terminated and when
I told that this contract is legally binding
a court of law I paid are you sure
that this is what you want and she said
her decision is final no matter what the
contract says so I hung up the phone
called the number that on the web site
it was a Saturday afternoon I was on
the phone for 5 hours trying fix this and
I was told that the firm is
working on it and someone in new lawyer
will be calling me in a few days that
never took place and months went by
and still I was sent emails from my
Client experience team saying we are
working the problem now please give
us a little more time and in each thing
I called I received the same standard
emails saying ~~we~~ we are working
on the issue now someone will
contact me shortly and I called again
and this time my phone calls would drop
then I tried another company phone
number and the same thing kept on
happening that's when I realized that
I was on my own that the contract
I signed has been broken
so so I contact the BBB a filed a complaint
and the response I received from that
~~stock~~ was very alarming please see the
attached BBB report it all proves a complete

lie none of that was said on the date
 I signed the contract so realizing that
 I'm be defrauded I took matters into my
 own hands and filed the complaint prose.
 and filed the original complaint and had
 to file two amended complaints case #22-cv-02934
 JFC-BCM please see the attached amended
 complaint * which was served upon the
 law department twice please the attached
 process receipts mark 1-2 had not been
 for the due diligence of court cl'd be
 lost and the fact that it is the
 responsibility of the firm from Morgan
 and Morgan P.A. who is contract to handle
 all my legal affairs, problem and issues
 please see the attached contract marked
 Morgan and Morgan Retainer. your honor
 I was lost after I recieved the email from
 my former lawyer Mr. Beatty it was my
 on my birth day Oct. 26, 2021 I'm supposed
 to be happy and grateful to the firm for
 believing in me and being in my corner
 but that was not the case. It was one of the
 most horrible moments in my life I could
 to believe that this was happening to me
 I went in a state of shock I just refuse
 to believe the this firm would do this
 to anybody but the firm did do it infully
 view of of the legally binding contract
 that I ~~to have~~ have with Morgan
 and Morgan P.A. that the firm would rather
 risk a lawsuit than comply with their
 own contract rules and agreement. but
 they did and I did everything I could
 to resolve the conflict before it came to
 terms were I would have take action against

FACTS

the firm for breach of contract which you
 now have before you. ~~you know~~ your
 honor the law state that breach of contract
 occurs whenever a party who entered a
 contract fails to ~~perform~~ performs their promised
 obligations. I am a very ill man my problems
 are the result of the Rape please the
 attached medical documentation as proof
 that I never healed in anyway
 and that the breach of contract is
 the fault of the firm Morgan ~~and~~
 and Morgan P.A. your honor and these
 vicious attacks from the Magistrate Judge
 Mrs Moses as if she's working for corporation
 law department, none of this should be happening
 had the firm Morgan and Morgan P.A. stayed honest
 I truly believe that I'm the victim of
 Rape but I'm being treated as if I'm the
 defendant and federal rules of civil
 procedure specifically outlines the
 duties of the District Judge as well as
 the Magistrate Judge position in any
 legal proceeding both are there to help
 but instead Mrs Moses position
 was clearly defined from the very beginning
 I did not sign any form giving
 authority she's exuberant of the
 laws that govern her office and I
 thought it took care of the mix up on
 FS-2023 obviously not because the magistrate
 Judge attacks keep coming at me and when
 you look into the case file #22CV02934 JPC-BCM
 you see that I'm on top of my case and
 you'll see that the law department asked
 Mrs Judge Moses to Dismiss my entire complaint
 and that's all the Magistrate Judge has

5

been trying to do. it is my firm understanding of the Constitution no has the power to Overrule Congress and the legislators who make the law all large by today but I keep getting attacked. Mr. M. nose's it is a fact that if the firm had not breach the contract I would be in the position that I'm ~~in~~ in today because the firm I hired on Oct. 20, 2021 breached the contract on Oct. 26, 2021 which forced me to take fast actions to ensure me constitutional rights to face my tormentors face to face in a court of Law.

116) ~~Retire~~ ~~F~~ ~~FACTS~~

Mutual assent: agreement by both parties to a contract. Mutual assent must be proven objectively, and is often established by showing an offer and acceptance (e.g. page one of the contract where it should be a numeric split 60% for me and 40% for Morgan and Morgan P.A. for legal representation, my legal team refused to gather investigative information from which constitutes a violation of the contract retention agreement on page #12 paragraph #2 where it states examples of expenses and disbursements § 2-206. Offer and acceptance in formation of contract (1) Unless otherwise unambiguously indicated by the language or circumstances (a) the company Morgan and Morgan P.A. mediums meaning my former 4H. A Mc Kathleen Beatty - Ms. Tara C.C.S my former team manager - and my former client experience team and then supervisor of Mr. Tyra Shurley completely breached the contract in full no matter what I did to fix the problem the company just acted as if I was the problem - when in truth the company mediums where the contract violators.

Relief #2

for breaching of a binding contract: occurs when one party in a binding agreement fails to deliver according to the terms of the agreement see page #2 paragraph (2) and page #4 of the retainer agreement paragraph 4. of the contract. failure to communicate with client is a violation of the ABA rule 2.1 advisor - counselor the firm is in violation of ABA Rule 1.4 communications - client - lawyer relationship see page #3 paragraph 7. my attorney refused to cooperate with me in my attorney refused to except information needed to investigate my claim Morgan and Morgan P.A. Mediun attorney Mrs K. Beatty is in violation of ABA Rule 1.3 Diligence: client - lawyer relationship see page 4 of the contract paragraph #2. I was never appointed new counsel to advise me. I just was left all alone to figure out things on my own even and after after the response I received from the BBB report I knew I was on my own. Violation of Rule 3.2. expediting litigation (2) (3) (4) my lawyer Mrs K. Beatty, my team manager Mr. Tara Cruz and my client experience team did line up to the standards of the contract see page 4 paragraph (4). please see letter dated 10-26-2021 which is a violation of the contract agreement the Mediun chose does not have any right to discharge my case this contract is legally binding in any court of law and the Mediun disobeyed a direct order to perform her duties as an employee of Morgan and Morgan P.A. please see page one of the retainer agreement paragraph #1. I am asking this court to enforce my rights under contract law and order Morgan and Morgan P.A. you, your or the firm to pay

monetary damages in the amount of \$5444,000.00 USD
 to be paid to Mr. Muhammad E. Milhouse
 upon the order of this court at the appointed
 date and time of the order of this court
 upon the judgement of this court for
 breaching this contract the court has
 before them this day and time, to the
 contract holder Mr. Muhammad E.
 Milhouse.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8-9-2023

Dated

M. M. E. Milhose

Plaintiff's Signature

Mohammed

E

Milhose

First Name

Middle Initial

Last Name

197 Bowery Street

Street Address

N.Y.

N.Y.

10002

County, City

State

Zip Code

929-312-8619

Rosefield92@yahoo.com

Telephone Number

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Evidence of Breach of Contract

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #: 19
DATE FILED: 12/21/22

Mr. Muhammad Milhouse

(List the full name(s) of the plaintiff(s)/petitioner(s).)

22 CV 02934 (JPC) (BCM)

-against-

the "City" of New York
ET AL

(List the full name(s) of the defendant(s)/respondent(s).)

Application for the Court to
Request Pro Bono Counsel

I ask the Court to request a pro bono attorney to represent me in this action.

1. Have you previously filed a "Request to Proceed in Forma Pauperis" (an IFP application)? Please check the appropriate box below:

☒ I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.

☐ I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.

☐ I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for pro bono counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.)

I Am the Victim and I Am NOT a
person in good Health and I need help
with filing the proper motions. ~~and~~

PRO SE INTAKE WINDOW LOCATIONS:
40 FOLEY SQUARE | NEW YORK, NY 10007
300 QUARROPAS STREET | WHITE PLAINS, NY 10601

MAILING ADDRESS:
500 PEARL STREET | NEW YORK, NY 10007
PRO SE INTAKE UNIT: 212-805-0136

3. Explain what steps you have taken to find an attorney. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

I had an attorney Morgan and Morgan P.A. who has committed fraud and came under direct breach of contract which I reported to attorney grievance committee @ Appellate Division 1st Judicial Department

4. If you speak a language other than English, state the language: None. (The Court may not be able to find a volunteer attorney who speaks your language.)

I understand that if an attorney volunteers to represent me and learns that I can afford to pay for an attorney, the attorney may give this information to the Court.

I understand that even if the Court grants this application, there is no guarantee that an attorney will volunteer to represent me.

12-19-2022

22-cv-2934-JPC-BCM

Date

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

[Click Here to Save](#)

Fwd: Fw: Your Client Experience Team

Humanbeing17@asia.com <Humanbeing17@asia.com>

Wed 4/26/2023 1:00 PM

To: Troy Turner <tturner@breakingground.org>

EXTERNAL: This email sent from outside of Breaking Ground

Sent using the mobile mail app

On 3/26/23 at 8:45 AM, muhammad milhouse wrote:

From: "muhammad milhouse" <muhammad.milhouse@aol.com>

Date: March 26, 2023

To: "humanbeing17@asia.com" <humanbeing17@asia.com>

Cc:

Subject: Fw: Your Client Experience Team

Sent from the all new AOL app for iOS

Begin forwarded message:

On Sunday, January 9, 2022, 6:19 PM, muhammad milhouse <muhammad.milhouse@aol.com> wrote:

Sent from the all new AOL app for iOS

On Friday, January 7, 2022, 7:44 PM, muhammad milhouse <muhammad.milhouse@aol.com> wrote:

Sent from the all new AOL app for iOS

On Thursday, December 9, 2021, 2:05 PM, muhammad milhouse <muhammad.milhouse@aol.com> wrote:

Sent from the all new AOL app for iOS

Begin forwarded message:

On Wednesday, December 1, 2021, 7:47 PM, Morgan & Morgan
P.A. <cx@forthepeople.com> wrote:



We appreciate your feedback and will investigate
your case details and ensure we do all we can to
improve your experience with our firm.

Please don't hesitate to call or email us back with
additional information or if you need to get in touch
with someone right away.

We will be following up with you shortly.

Your Client Experience Team
cx@forthepeople.com
888-488-0018

Fwd: Fw: Fwd: Meet the team who battles the bullies.

Humanbeing17@asia.com <Humanbeing17@asia.com>

Wed 4/26/2023 12:57 PM

To: Troy Turner <tturner@breakingground.org>

EXTERNAL: This email sent from outside of Breaking Ground

Sent using the mobile mail app

On 3/25/23 at 2:01 PM, muhammad milhouse wrote:

From: "muhammad milhouse" <muhammad.milhouse@aol.com>

Date: March 25, 2023

To: "humanbeing17@asia.com" <humanbeing17@asia.com>

Cc:

Subject: Fw: Fwd: Meet the team who battles the bullies.

Sent from the all new AOL app for iOS

Begin forwarded message:

On Sunday, January 9, 2022, 6:34 PM, muhammad milhouse <muhammad.milhouse@aol.com> wrote:

It doesn't seem like it Mr. Morgan I don't think that I've been anybody's team They're all bunch a cutthroat and they were shifting your cases to another attorney and that's what it had to do with me and I have the card and the proof it was given to me by the Tara Cruz trying to cut a side deal

Sent from the all new AOL app for iOS

On Wednesday, December 8, 2021, 4:08 PM, Muhammad Milhouse
<wmppmm777@gmail.com> wrote:

----- Forwarded message -----

From: **Morgan & Morgan, P.A.** <reply@reply.forthepeople.com>

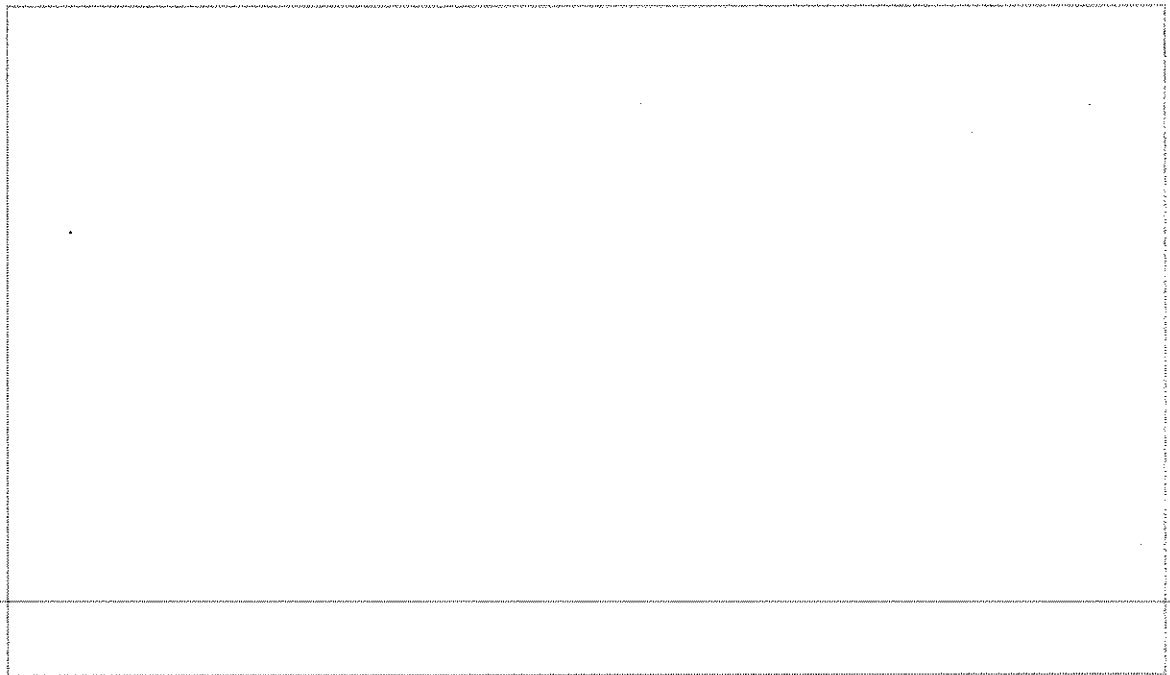
Date: Sun, Oct 31, 2021 at 10:04 AM

Subject: Meet the team who battles the bullies.

To: <wmppmm777@gmail.com>

1

For The People. Not The Powerful. | [View Online](#)



For over 30 years we have fought for hundreds of thousands just like you.

We have the resources to take on the biggest bullies in America, and we've recovered more than \$7 billion for thousands of clients.

Who's on your side?

Your Case Team

Your Case Manager, **Tara Cruz**, along with your Attorney act as your main point of contact and work directly with you to gather information, update you on developments, and answer any questions. You can contact your lead

Case Manager at:

taracruz@forthepeople.com

Our Attorneys

John Morgan built this firm on the principle of serving the people, not the powerful. Our team is large and

diverse, but our mission is singular: To
deliver the best results for you and
your family.

Your Attorney
Kathleen Beatty
kbeatty@forthepeople.com



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800.555.6666 forthepeople.com contact@forthepeople.com

America's largest injury law firm with over 50 offices nationwide

Morgan & Morgan, P.A. [20 N. Orange Ave., Suite 1600 Orlando, FL 32801, US](#)

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Forest Hills, NY 11375
Tel: (718) 544-4200
Fax: (718) 544-4201
139 North Central Ave., Suite
Valley Stream, NY 11580
Tel: (516) 387-4000

MAIN

Botox Inj

H

Adult and Pediatric

COM



Morgan x Morgan

212 738 6299

GISKAN SOLOVAROFF & ANDERSON LLP

90 Broad Street, 10th Floor / New York, NY 10004 / Tel (212) 847-3315

Catherine Anderson

Partner

canderson@gslawny.com

Direct (646) 964-9641

www.gslawny.com

For Members
Member Services
Website
For Providers
Medical
Eligibility
Prior Authorization
Claims
Payer ID 80141
Healthis First Claims Department
P.O. Box 958439
Lake Mary, FL 32758-8439
1-855-801-1660
1-888-394-4327
healthisfirst.org
Pharm
Help De
Cater

EMAIL

Sent from the all new AOL app for iOS

On Wednesday, December 8, 2021, 4:47 PM, Muhammad Milhouse
<wmppmm777@gmail.com> wrote:

----- Forwarded message -----

From: **Muhammad Milhouse** <wmppmm777@gmail.com>

Date: Tue, Oct 26, 2021 at 2:44 PM

~~Subject: Happy birthday to me~~

To: Kathleen Beatty <kbeatty@forthepeople.com>

Miss Kathleen The email you returned to me is sufficient enough I just refuse to except that because Morgan and Morgan is the People's attorney I didn't bring no falsehood before you and I'm just trying to figure out what can I do to make you change your mind and help me in this matter sincerely yours
Mr. Milhouse

12:09

cloud.reply.forthethepeople.com

Letter dated
10-26-2021

MORGAN & MORG

**Dear
Muhammad,**

Thank you for letting us
review your potential Rape
& Molestation claim. After
review of the information
provided, Morgan &
Morgan has decided to

respectfully decline
representation. Our decision
does not mean your case
lacks merit, and although
we have decided not to
represent you in this case,
another attorney may view
your claim differently from
us.


[Redacted signature]

12:09

cloud.reply.forthethepeople.com

Law firms evaluate cases differently and another attorney may believe that a claim can and should be pursued. If you choose to contact another attorney, please do so as soon as possible as all claims for injury or damage are subject to statutes of limitation. In other words, legal claims must be filed in court before a certain deadline or else they will be barred forever. Accordingly, if you wish to proceed with your case, you should contact another

attorney immediately to avoid jeopardizing your potential claim.

If you have a separate claim being investigated or handled by Morgan & Morgan, this letter does not impact that other matter. Although we are not

12:10



cloud.reply.forthethepeople.com

representing you in this matter, we are honored that you would consider us to be your attorneys during this difficult time, and sincerely wish you the best possible outcome. Please feel free to contact us again should the need arise.

Your Personal Reference

Number: 12111423

Sincerely yours,

Kathleen E. Deatty

(800) 555- 6666
forthepeople.com
contact@forthepeople.com

America's largest injury law
firm with over 50
offices nationwide.
Morgan & Morgan, P.A., 20 N.
Orange Ave. Suite 1600,

Fwd: Fw: Fwd: Your potential case

Humanbeing17@asia.com <Humanbeing17@asia.com>

Wed 4/26/2023 12:59 PM

To: Troy Turner <tturner@breakingground.org>

EXTERNAL: This email sent from outside of Breaking Ground

Sent using the mobile mail app

On 3/26/23 at 8:45 AM, muhammad milhouse wrote:

From: "muhammad milhouse" <muhammad.milhouse@aol.com>

Date: March 26, 2023

To: "humanbeing17@asia.com" <humanbeing17@asia.com>

Cc:

Subject: Fw: Fwd: Your potential case

Letter of acceptance of services to be rendered to me by a Kathleen Beatty which was not extend it to me at all which is the proof of a binding contract

Existed right here

Sent from the all new AOL app for iOS

Begin forwarded message:

On Sunday, January 9, 2022, 6:21 PM, muhammad milhouse <muhammad.milhouse@aol.com> wrote:

Sent from the all new AOL app for iOS

On Monday, December 20, 2021, 8:13 PM, Muhammad Milhouse <wmppmm777@gmail.com> wrote:

----- Forwarded message -----

From: **Kathleen Beatty** <kbeatty@forthepeople.com>

Date: Fri, Oct 22, 2021 at 8:55 AM

Subject: Your potential case

To: wmppmm777@gmail.com <wmppmm777@gmail.com>, <kbeatty@forthepeople.com>

<kbeatty@forthepeople.com>



Banner

Dear Muhammad Milhouse,

It was a pleasure speaking with you earlier. We at Morgan & Morgan take your confidence in us very seriously, and as your attorney I wanted to let you know that I'm here for you if you need any assistance.

To confirm, my name is **Kathleen Beatty**. I can be reached at **(917) 344-7032**.

As we work on your case, I'd like to remind you about a few important things.

- For starters, please don't post any details about anything related to your case on social media. Information posted to social media accounts is evidence that could negatively impact your case.
- Lastly, you may recall that in our conversation, I mentioned the importance of sharing with us any documents that might help your case. If you have any on hand, please send them for review to **kbeatty@forthepeople.com**.

Once again, thank you for choosing Morgan & Morgan. We look forward to showing you that our law firm truly is "for the people."

Sincerely,

Kathleen Beatty, Attorney

COMPLAINT ACTIVITY REPORT Case # 90297700

BBB Serving Central Florida

Consumer Info: Milhouse, Muhammad
25 Central Ave.
New York, NY 10301
929 312-8619
Muhammad.Milhouse@aol.com

Business Info: Morgan & Morgan P.A.

407 420-1414

Location Involved: (Same as above)

Consumer's Original Complaint:

Morgan And Morgan associates Kathleen Bently and Tara Cruz along with my client experience team Breached the contract I have with Morgan And Morgan they refuse to comply with the contract I'll try to submit the information that is needed to pursue the case in court they took in personal details of my complaint it is my firm belief that it was done to defraud me To delay me from getting in contact with the real law firm and as my friend believe that they have been in contact with the defendants and I'll give them my information to the defendants the incident took place at the Hilton Garden Hotel 6 Water St., New York, NY and Morgan And Morgan law firm right around the corner 90 Broad Street so it was a conflict of interest since the beginning and as I try to resolve the matter over and over again and I do have proof of telephone calls and emails to resolve the matter they continue to leave me or lead me to believe that they were going to be representing me and that my experience team was going to appoint another attorney out of the 800+ attorney that this firm says that they have and that if I have any trouble with any one of the attorneys that would assign another legal team with no problem but that's not true already was getting my information and try to hold me up from finding me a real attorney a real law firm and real attorneys who specialize and what happened to me ready to believe that they specialize in this type of case and that is no problem that's a lie there is a problem the problem is Morgan And Morgan and he doesn't have a team of lawyers he has a team of liars and I'm not gonna stand for it at all I'm a victim of domestic violence survivor of rape and sexual assault they were well aware of this and they also violate my rights as a victim of rape and domestic violence Thank you very much I will be waiting to hear from you soon Sincerely yours Muhammed E. Milhouse

Consumer's Desired Resolution:

Modification/discontinuance of an advertised claim; Finish the job; Contact by the business

BBB Processing

11/02/2021 web BBB Case Received by BBB
11/04/2021 loj BBB Case Reviewed by BBB
11/04/2021 Otto EMAIL Send Acknowledgement to Consumer
11/04/2021 Otto EMAIL Notify Business of Dispute
11/03/2021 loj BBB RECEIVE BUSINESS RESPONSE : Per the retainer agreement signed by the client (page 2, third paragraph from the bottom) - The Firm, in its discretion, we may withdraw at any time from the case if investigation disclosed no insurance coverage, no assets or no liability on the part of the defendant, or as otherwise permitted by the Rule of Professional Conduct. We followed the rules in accordance to the law and consider this complaint invalid.
11/04/2021 loj EMAIL Forward Business response to Consumer
11/07/2021 WEB BBB BBB REVIEWS CONSUMER REBUTTAL TO BUSINESS RESPONSE : (The consumer indicated he/she DID NOT accept the response from the business.)

After reading the Response from Morgan And Morgan in regards to my complaint filed with the Better Business Bureau I reached out to the Internet Because each time I called I was unable to get through the car was either dropped or no response and at 6:18 PM I received a call from Morgan And Morgan law firm and I was told that the auger three or four claimed that was found on the Internet was referred out to another offer and that my case involving DHS city of New York and the Hilton Garden Hotel it's being worked on and he also explained to me that the other two cases that was filed to the Internet was referred out and I explain to them that I never made those other complaints about New York Presbyterian Hospital at CVS pharmacy New York Presbyterian Hospital that's my former doctor and my former pharmacist I explain to them that descendants has probably been making false claims using my identity hoping that Morgan And Morgan was find a way to drop my keys and what was explained to me last night if that's not what happening with my case with the state of New York and Hilton Garden Hotel talk about all the cases that was done online and I explain to them that I never made those other complaints online just one that I made on October 20 at the time was 6:34 PM with a date that I signed the contract and retainer and I made no other complaints against any other entity except for that which was on file that night October 20, 2021 and The Intake officer then started to explain to me what has been going on and what was referred out and what was dropped and it was not my case that I filed on October 20, 2021 at a time 6:34 PM that's still valid and that's still going forward we're just waiting for a 50-H hearing before they could file is in court and during the 42 minute conversation we got to the bottom of things so to speak and I said I have a legal team the reason why I'm speaking with the Better Business Bureau is to get a formal response from the corporation so they can be documented that that is exactly what's happening and what happened had nothing to do with me because my contract

with them is Valid and the only way that I can lose my contract with them is if I do what I was instructed not to do which is post anything on social media or otherwise I am not to speak to anyone from the press and I'm not to call any of the law firm about the matter because they excepted my case and I am a client of theirs and if I spoke to any other lawyer that I will be sued because there's a legal team working on my case since that date of October 20, 2021 and my complaint made against Mrs. Beatty for not honoring the contract and let me give her additional information to be investigated aside from the information that was given that date October 20, 2021 what I signed a contract at 6:34 PM that very same night October 20, 2021 she was just supposed taking additional information because I have a legal team And it Has to be a team decision based on the proof that I violated the terms of the contract by going on social media or speaking to the press and she repeated the same orders By stating that your worries are over we are going to represent you no matter what just to give you peace of mind in your life being a victim of molestation and sexual assault This is what was told to me by the company executive who has the authorization to have me sign such a contract agreement and retainer and as it was explained to me Saturday night November 6, 2021 a 42 minute conversation to start at 6:18 PM I also let them know that I made a better business bureau report and he told me that the only cases that they were talking about was New York Presbyterian Hospital and CVS pharmacy I explain to the corporate officer that those complaints are fraud and the defendants that work for the city of New York DHS and the Hilton Garden employees are the ones who have my birth certificate my Social Security card even a copy of my photo ID because this information must be given to the shelter employees in order for them to give me a shelter bed and these The very same criminals who are on the Internet causing confusion between me and Morgan And Morgan the intake specialist then said someone will contact me on Monday and that they are very sorry for the mixup and the fact that I was told to never contact another attorney that Morgan And Morgan is my attorney no matter what it what was said on October 20, 2021 I have not reached out to anyone I've only been calling Morgan And Morgan to Express my concerns about Miss Kathleen Beatty professional misconduct and investigating additional information about the incident that occurred what are the custody of the city of New York DHS shelter by DHS shelter employees and Hilton garden employees right in the middle of the Covid pandemic all of this happened to me and that her office 90 Broad Street it's just a foot away from 6 Water St. where it happened here right around the corner the office of Morgan And Morgan is right around the corner from the Hilton Garden Hotel where I was molested and sexually assaulted and I explain to them that this might be a conflict of interest for her they said no it's not is the very reason why they chose with Kathleen Beatty because it will be easier for her to investigate I agreed but I still express my concern is the moral of this Complaint is I'm going through a lot and I don't need any confusion especially from anyone who is under contract to represent me in this matter and to listen and write down all of my concerns with I have not yet been able to fully express to Morgan And Morgan because of all of these False complaint being submitted online I should not have ever been subjected to such mental anguish you know you're dealing with people who molested me and raped me and sex we assaulted me and Morgan and morgan being the largest law firm in the world it automatically know that this comes with the terrain that this is going to happen that the defenders are going to be calling and threatening me and staff because they are criminals who work for the city of New York in Hilton godde and Hotel and probably have been doing this and getting away with it and now they caught so they do anything to discredit me a cause confusion because that's the reason why they raped me in the first place to destroy my life 51 years old and they don't believe that I deserve to live anymore and that I should fight for the rest of my life I got a fight for my right to live in this world is what was stated by the defendant over and over again every day and the fact that I have not sought out another attorney me that I haven't complete compliance with my contract with Morgan And Morgan and I was told ever ever have a problem with any lawyer to report it to the team leader team manager and the matter will be taken care of right away because they have a staff of 700 attorneys and if this is not the right one for you then they have 700 other attorneys that will help you and that's all that I'm saying I need this matter resolved immediately because I have until April 18th of next year to file my complaint and caught and that'll be after the 50-H hearing until then nothing can be filed in court the state law I need resolution so that we can move forward in helping me regain my life. Sincerely yours Mr. Milhouse The only thing I want in return is for Morgan And Morgan to honor the contract and finish the job and according to morgan and morgan after speaking with the intake officer and as he said that's exactly what's going on is these other cases on your file they have been referred out and I told him I never made any of the complaint except for the one on October 20, 2021 time 6:34 PM thank you very much to the Better Business Bureau

11/05/2021 10j EMAIL Forward Consumer Rebuttal to Business

11/10/2021 WEB BBB RECEIVED BUSINESS' REBUTTAL RESPONSE : Per the retainer agreement signed by the client (page 2, third paragraph from the bottom) - The Firm, in its discretion, we may withdraw at any time from the case if investigation disclosed no insurance coverage, no assets or no liability on the part of the defendant, or as otherwise permitted by the Rule of Professional Conduct. We followed the rules in accordance to the law and consider this complaint invalid

11/10/2021 10j EMAIL Send Consumer Rebuttal - No New Offer - AJR

11/10/2021 Otto EMAIL Inform Business - Case ADMINISTRATIVELY CLOSED

11/10/2021 Otto BBB Case ADMINISTRATIVELY CLOSED

11/10/22, 1:30 PM

Re: Morgan And Morgan's legal branch in New York State.

crime victim has the following rights: (1) the right to be reasonable protected from the accused. (8) The right to be treated with fairness and with respect for the victims dignity and privacy. The following is a violation of my crime victims rights laws the fraudulent information about CVS Pharmacy and New York Presbyterian Hospital is a violation of my crime victim rights which leads my former legal team assigned by Morgan and Morgans P.A. in direct violation of the rules of professional conduct which they would have known if my former legal team had investigated my the claim as per contract agreement which is cited on the 2nd page of the retainer 2nd paragraph and page examples of expenses and disbursements for expert medical and other testimony and investigative or other services properly changeable to the enforcement of the claim or prosecution of the action; et al. And page 4 of the retainer agreement 2nd paragraph states: the client acknowledges that the firm has advised the client that the client is welcome to have personal counsel of the client's choice review and advise the Client concerning this Agreement. As per retainer contract agreement page (1) paragraph (1). Committee members please see the retainer agreement of the contract the law has been broken here and as per part 1200 rules of professional conduct states clearly in the rule of law that Declining or terminating representation; Rule 1.16 (b) except as stated in paragraph (d), a lawyer shall withdraw from the representation of a client when: (1) the lawyer knows or reasonably should know that the representation will result in a violation of these rules or law Rule 1.16 (c)(1). The reason is because Ms. Cruz said to me in our only 1st and only phone conversation she said don't talk to me talk to Kathleen I'm working on your case goodbye. I'm going to need to subpoena all telephone recorded conversations before I can successfully continue to depict to the committee members the very unpleasant the conversation and the Mood (e.g.) mannerism of Ms Cruz and Ms Beatty that eventually dictated the Mood of my inter legal team with such dates starting with October 22, 2021 and October 26, 2021 and approximate date of November 8th or the 13th, 2021 for this reasons all recorded telephone conversation Will be subpoenaed necessary Committee members in accord with part 1200 The rules of professional conduct New York State. Rule 5.1 Responsibilities of law firms, partners, managers and supervisory lawyers (a)(d) A lawyer shall be responsible for a violation of these rules by another if: (1) and (2), (i) and (ii) In the exercise of reasonable management or supervisory authority should have known of the conduct so that reasonable remedial action could have been taken at a time when the consequences of the conduct could have been avoided or mitigated. Committee members(ABA)Rule 8.5. Disciplinary authority and choice of law; (a),(b),(2) (i)(ii) American Bar Association Model rules of professional conduct preamble and scope(1) A lawyer, as a member of the legal profession, is a representative of clients, an officer of the legal system and a public citizen having special responsibility for the quality of justice. Committee members under law of ordinary damages I am demanding compensation for the deliberate breach of contract, and what else the law provides remedy for Or I will have to seek new counsel to represent me in court for this breach of contract matter and my original complaint. Liquidation damages. Liquidation damages that are stated specifically in the contract. They can be put in a contract when damages are to difficult to foresee (e.g the complete value of my civil rights suit personal injuries law suits against the Department of homeless services (dhs) which governed by the City of New York and the Hilton Garden Hotel administration for each of there for poor supervision and leader which lead to a complete breach of reasonable care by the city of as well as the Hilton Garden Hotel for for the injuries I incurred due the trauma I sustained from their employees for the daily demands for

https://outlook.office.com/mail/inbox/id/AAQkADYyZGE3MDNhLTl2MjQINGQwNC04YmE3LTNINjQ4MGViOTY5YwAQAO7JEe2aYo1lI7%2Fexi%2Bss...

4/6

4/26/23, 1:35 PM

Re: Morgan And Morgan's legal branch in New York State.

money which I refused to pay them monthly and for not buying there drugs and girls of all ages in exchange for a monthly payments and when I reported it in a 311 complaint the threats and intimidation which eventually lead to me getting Rapped, Molestation, sexually assaulted), and an estimate is necessary for damages should there be a breach. Thus, such damages are agreed by both parties during the contract negotiations. Committee members please see page 1 of the retainer agreement written and where I digitally signed a Morgan and Morgan P.A contract you will see me two initials (MM) Committee members, Attorney Ms. kathleen Beatty and my legal team picked by Morgan and Morgan PA to investigate my claim knowingly and willingly put the fraudulent information in my case in an attempt to reverse my contract without ever having investigated my legal issues that's why it is very important for me to get all of the recorded conversation from the date of October 20, 2021 my initial conversation to the present day. I recorded the day when I entered Morgan And Morgan PA local office at 90 Broad Street 10th floor as more proof of the racial bigotry, discrimination identity fraud.

because
the
information
that
was
presented
here today
is not
what
we
discussed
on
10-
20-
2021
and
it
is
not
what agreed

Sincerely
Mr. Muhammad
E. Milhouse A
Client
of
Morgan

https://outlook.office.com/mail/inbox/id/AAQkADYyZGE3MDNhLTl2MjQlNGQwNC04YmE3LTNlNjQ4MGVlOTY5YwAQAO7JEe2aYo1lI7%2Fexl%2Bss...

5/5

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY
DOCUMENT **13**
ELECTRONICALLY FILED
DOC #:
DATE FILED:

Mr. Muhammad E. Milhouse

Write the full name of each plaintiff.

1:22 CV 02934-JPC-BCM

(Include case number if one has been assigned)

-against-

I am suing

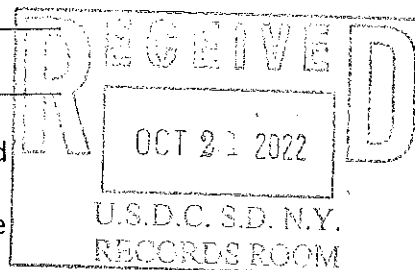
SECOND AMENDED
COMPLAINT

→ The City of New York ET AL.

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.



2022 OCT 20 PM 2:05

RECEIVED
SDNY PRO SE OFFICE

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☒ **Federal Question**
- ☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

USC 421983 Civil Rights - Rule 8(b)(1)-(E).

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of _____
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of _____
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Mr Muhammad E Milhouse
First Name Middle Initial Last Name

~~81-30~~ 81-30 Baxter Avenue
Street Address

Elmhurst Queens N.Y. 11373
County, City State Zip Code

929-312-8619 Humanbeing17@asia.com
Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: John Doe / Jane Doe ?
 First Name Last Name
ISOLATION Site Supervisor
 Current Job Title (or other identifying information)
6 Water Street
 Current Work Address (or other address where defendant may be served)
N.Y. N.Y. 10004
 County, City State Zip Code

Defendant 2: John Doe / Jane Doe
 First Name Last Name
24/7 Operation Staff
 Current Job Title (or other identifying information)
6 Water Street
 Current Work Address (or other address where defendant may be served)
N.Y. New York 10004
 County, City State Zip Code

Defendant 3: John Doe / Jane Doe
 First Name Last Name
Access Control Staff
 Current Job Title (or other identifying information)
6 Water Street
 Current Work Address (or other address where defendant may be served)
N.Y. New York 10004
 County, City State Zip Code

Defendant 4:

John Doe / Jane Doe

First Name

Last Name

Isolation Site NURSE et. AL wellness check

Current Job Title (or other identifying information)

6 water St. NY New York

Current Work Address (or other address where defendant may be served)

N.Y.

NY

10004

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

6 water Street N.Y. N.Y. - Room 810 (10004)

Date(s) of occurrence:

Jan. 20, 2021 - 2-7-2021

FACTS: (1)

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Rule 8(d)(1)-(e) your honor on 1-20-2021 and 2-7-2021 during the statewide mandate for all CDC.gov Covid 19 isolation site wellness check, site supervisor, isolation site Nurse, and medical staff, Onsite 24/7 staff access control staff members John Doe and Jane Doe each took turns on me trying to get pregnant and then the men that work at the City of New York isolation site with Jane Doe, when the women were finished taking turns on me the men would Butt-Rape me then the men and women joined in and sexually assault me together laughing and taunting me this was done during a CDC.gov. and Governor's mandated

Tack #2

statewide wellness check found me sleep while
 conducting CDC.gov. protocols wellness check and
 CDC cleaning for isolation site time periods ~~enter~~
 entered my room with a digital master key opened
 my door Raped me. Butt Raped me sexually
 assaulted me sodomized me touched me
 by means of cutting into my body ^{Right} Hip and twice
 left knee and two holes in my mouth and
 nostrils. please see attached medical records safe exam
 done at wellscornal hospital date 7-14-2021 - Rape kit
 done at Brooklyn hospital center ER date 2-9-2021
 and Lenox Hill Radiology, The Brooklyn Hospital
 center oral and Maxillofacial surgery
 report dated 8-16-2021.

During NYC DSS DHS DHS. Covid-19 site Nutrition
 meals - the food come sealed as per CDC.gov guidelines but
 Onsite 24/7 staff would take the food to staff offices
 on the 6th Floor broke the ^{gov.} seals on my food took it
 out and would put piss, shit, and barbiturates K-2
 and alcohol to make fall into a deeper sleep so
 the staff can tie me down to a medical emergency
 Beat and rape me, (sodomize me. Butt rape me) sexually
 assault me and do surgical procedures. after site
 staff would repackage it and put it in zip lock plastic
 sandwich bags and serve it rotten and highly
 contaminated which left me to starve plastic ty
 tupperware with the lip open most days and night
 I didn't eat until my snap benefit (food stamps)
 then I would buy food and sneak it in

FACTS Page #8

the site because the food was just no good and—
then Onsite 24/7 staff none of them wore gloves—
mask or face mask (PPE's) and their clothing was—
filthy isolation Onsite 24/7 staff did horrible thing—
to my food for the whole 7 months I was there—
Breakfast, lunch and dinner the site staff did—
this to me to make me lose weight, weak,
very drooze dizzy key words "Dizzy, tired, weak—
so that I wouldn't be able to defend myself
or get them off of me and couldn't be able to break
free from the straps with the lack of food I
wouldn't be able to be strong enough to stop
these rapists from raping me, hurting me. On 2-10-2021
at 4:30 A.M. I left the city of New York DHS-COVID-19
isolation site ~~and~~ not knowing if I was going
to ~~survive~~ ^{survive} all I knew was that if I didn't
leave I might not even have the opportunity—
Rape is a very very serious constitutional civil
rights Violation and a very serious criminal
offense in our great Nation and a ~~lot~~ lot
of people don't get to tell their story. I—
thank God I am able to bring these
criminals these rapist forward to face Justice
for Violating my USC 42 1983 civil rights.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

please see MRI marked D and E
 please see MRI marked (F) sexual
 assault - please see SAFE Exam
 marked (J) please see ~~the~~ Attached mark
 dated 3-1-22 by Doctor Matthew Lefkowitz
 IV. RELIEF Bilateral thoracic facet joint injections
 (1) marked (L)

State briefly what money damages or other relief you want the court to order.

I want the court to help me to
 enforce my 42 USC 1983 Civil Rights
 for the Violation of my 42 USC 1983
 Civil rights that took place at 6 water
 street N.Y. N.Y. 10004 inside of room inside
 the City of New York ————— Next
 Page

INJURIES
PAGE #2

Please see

MRI marked (A) cervical spine dated 3-23-22

Please see MRI marked (B) Brain Damage

Please see MRI mark (C) thoracic spine

Please see MRI marked (Z) Left knee

Please see MRI marked (Y) Brain

DAMAGE.

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

U.S. Department of Justice
United States Marshals Service

| | |
|---|---|
| PLAINTIFF Muhammad E. Milhouse | COURT CASE NUMBER 22-cv-2934-JPC-BCM |
| DEFENDANT Hilton Garden Inn employees et al | TYPE OF PROCESS Summons & Amended Complaint |
| SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN The City of New York ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) New York City Law Department 100 Church Street New York, NY 10007 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Muhammad E. Milhouse 81-30 Baxter Avenue Elmhurst, NY 11373 | Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A. |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | |

Signature of Attorney other Originator requesting service on behalf of:

Ashley A.

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

8/11/2022

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|-------------------------------|------------------------------|--|--------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. 054 | District to Serve No. 054 | Signature of Authorized USMS Deputy or Clerk M.C. | Date 08/11/2022 |
|---|---------------|-------------------------------|------------------------------|--|--------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Date

08/25/2022

Time

12:00

☐ am☒ pm

Address (complete only different than shown above)

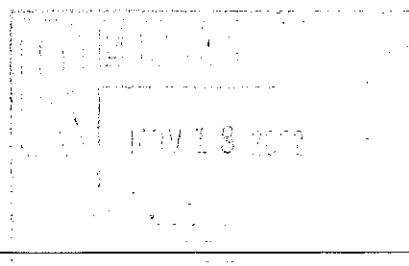
Signature of U.S. Marshal or Deputy

M.C.

Costs shown on attached USMS Cost Sheet >>

REMARKS

NYC Law Dep. unable to accept service. Advised law dept. needs additional information regarding Def.



S.D. OF N.Y.

U.S. DISTRICT COURT
DISTRICT OF COLUMBIA
AUG 16 2022

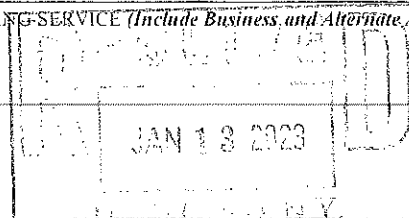
U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | |
|--|---|
| PLAINTIFF Muhammad E. Milhouse | COURT CASE NUMBER 22-cv-2934-JPC-BCM |
| DEFENDANT Hilton Garden Inn employees et al | TYPE OF PROCESS Summons & Amended Complaint |
| SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN The City of New York ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) New York City Law Department 100 Church Street New York, NY 10007 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Muhammad E. Milhouse 81-30 Baxter Avenue Elmhurst, NY 11373 | Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):



Signature of Attorney other Originator requesting service on behalf of:

Ashley A.

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER ROOM DATE

8/11/2022

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|-------------------------------|------------------------------|--|---|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. 054 | District to Serve No. 054 | Signature of Authorized USMS Deputy or Clerk | Date 8/11/22 |
| I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) SARAH JEAN CHARLES | | | | Date 1/10/23 | Time 1030 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| Address (complete only different than shown above) | | | | Signature of U.S. Marshal or Deputy | |

Costs shown on attached USMS Cost Sheet >>

REMARKS

SERVICE = HR = 65
MI 2nd = 1.31
TOTAL 66.31

S.D. OF N.Y.

2023 JAN 17 04:11

U.S. DISTRICT COURT

MORGAN & MORGAN

RETAINER

The undersigned hereby retains Morgan & Morgan New York, PLLC ("you", "your" or the "Firm") to prosecute or adjust a claim for damages arising from personal injuries sustained by me (the "Client") or on or about _____ through the negligence or other conduct of _____ or other responsible persons, and the undersigned hereby gives the Firm the exclusive right to take all legal steps to enforce said claim and hereby further agrees not to settle this action in any manner without consultation with the Firm.

In consideration of the services rendered and to be rendered by the Firm, the Client hereby agrees to pay the Firm, and the Firm is authorized to retain out of any monies that may come into its hands by reason of the above claim, legal fees which shall be:

→ (Thirty-three and one-third (33-1/3) percent of the sum recovered, where recovered by judgment, settlement or otherwise.)

The Client has been given the following options with respect to how such percentage shall be computed, and has made the selection of the method of computation of the percentage as reflected by checking and *initialing* the appropriate choice line below:

(i) – Option Number One: Client Remains Liable for Repayment of all Costs and Expenses, Regardless of the Outcome of This Matter. Percentage is computed on the net sum recovered after deducting from the amount recovered expenses and disbursements for expert medical testimony investigative or other services properly chargeable to the enforcement of the claim or prosecution of the action;

OR

→ (ii) – Option Number Two: The Firm Agrees to Pay and Remain Liable for All Costs and Expenses, Regardless of the Outcome of This Matter. Percentage is computed on the gross sum recovered before deducting expenses and disbursements. The Firm agrees to pay all costs and expenses of the action and the Client will not remain responsible for all expenses and disbursements in the event the claim or action is dismissed or otherwise rejected by any court of competent jurisdiction.

(*Please be advised that due to technical limitations associated with DocuSign, Option Number Two will be selected unless Client advises otherwise. Should Client desire to choose Option Number One please let the Firm know and a new retainer will be sent*)

The following reflects the financial consequences of each of the above two Options, using as an example a case in which there is a recovery of \$100,000 – *and this number is used only as an example that is easy to understand* – and the expenses and disbursements in the case are \$10,000:

Option Number One Example (The Client Remains Liable for Repayment of All Costs and Expenses, Regardless of the Outcome of this Matter):

→

| | |
|---------------------------------------|--------------|
| Total Recovery | \$100,000.00 |
| Less expenses and disbursements: | -\$10,000.00 |
| Less 33-1/3% of remaining \$90,000.00 | -\$30,000.00 |
| Client's recovery: | \$60,000.00 |

Option Number Two Example (The Firm Agrees to Pay and Remain Liable for All Costs and Expenses, Regardless of the Outcome of this Matter):

| | |
|----------------------------------|--------------|
| Total Recovery: | \$100,000.00 |
| Less 33-1/3% of \$100,000: | -\$33,333.33 |
| Less expenses and disbursements: | -\$10,000.00 |
| Client's recovery: | \$56,666.67 |

The Client understands and agrees that, if the Client has selected Option Number One, the Firm reserves the right, in its sole discretion, to elect to make payment in the first instance of some or all costs, expenses and disbursements, so

as not to hinder the enforcement of the claim or prosecution of the action. If the Firm has advanced these payments, the Client understands that he or she remains fully responsible to reimburse the Firm for such costs, expenses and disbursements. If the Firm elects not to make payment in the first instance of some or all costs, expenses and disbursements, the Client will advance and prepay to the Firm all such costs, expenses and disbursements as they are incurred or anticipated for the enforcement of the claim and the prosecution of the action. The Firm may, in its discretion, require the Client to deposit with the Firm a specified amount of money, as the Firm deems appropriate, in order for such costs, expenses and disbursements to be paid. Should the Client not comply with his or her financial obligations under Option Number One, the Client understands and agrees that such failure to comply shall constitute good cause for the Firm to withdraw in accordance with this agreement and the applicable rules of professional conduct.

Examples of expenses and disbursements for expert medical and other testimony and investigative or other services properly chargeable to the enforcement of the claim or prosecution of the action include, but are not limited to, charges for: retaining investigators; storage fees relating to the preservation of evidence; obtaining medical records; retaining expert witnesses and consultants, including locating and preparing expert witnesses and consultants, obtaining reports and testimony, and related transportation, parking, mileage and hotel costs; court filing fees; services of process fees; subpoena fees; costs associated with taking depositions, including stenographer's fees, videographer's fees and video conferencing costs; court reporter fees; notary fees; mediator, arbitrator and/or special master fees; specialized medical and legal research fees; computerized research fees; expenses for focus groups and jury consultants; photography; preparation of exhibits; utilization of a lien resolution service; photocopying and other reproduction costs; fees and expenses of non-expert witnesses; postage and delivery fees; travel costs, including parking, mileage, transportation, meals and hotel costs; long distance telephone and fax charges; and all other necessary and incidental expenses and disbursements incurred on the Client's behalf. Such costs shall bear interest at the rate of .5% per month if not paid by Client. This list is not exclusive.

If the Client would like to avoid incurring any interest charges with respect to Options 1 or 2 above, Client may choose to pay all or part of the costs of the Client's case. If that is Client's preference, please let the Firm know immediately so that the Firm can set up Client's file to be handled in this fashion. In the event Client makes such election, the Firm shall bill Client for such costs, and payment shall be made by Client within thirty (30) days of the date of the invoice.

In computing the fee, the costs as taxed, including interest upon a judgment, shall be deemed part of the amount recovered. For the following or similar items there shall be no deduction in computing such percentages: liens, assignments or claims in favor of hospitals, for medical care and treatment by (of) doctors and nurses, or self-insurers (or of self-insurers) or insurance carriers. The payment of these or similar items come directly from the proceeds otherwise payable to me or persons on whose behalf I retained this firm. I hereby authorize this firm to withhold said sums from the amounts due to me or persons on whose behalf I retained this firm.

The Client understands and agrees that, without regard to whether the Client has selected Option Number One or Option Number Two, under no circumstances will the Firm be responsible for the payment of any judgment that may be entered against the Client arising out of either the incident or the prosecution of the action, including any bill of costs.

Medical treatment and health care expenses and charges are not litigation costs and payment of same is the responsibility of the Client regardless of the outcome of the Case.

If no recovery is obtained, no fee shall be payable to the Firm other than as set forth in Option 1 above. (The Firm, in its discretion, may withdraw at any time from the case if investigation discloses no insurance coverage, no assets or no liability on the part of the defendant, or as otherwise permitted by the Rules of Professional Conduct.)

In the event that the undersigned settles this matter directly with the defendant(s) or its representative(s), the undersigned still agrees the Firm is entitled to and shall receive payment for its expenses and disbursements and legal fees in the amounts set forth above.

If the Firm is discharged, the Firm will receive, at the election of the Firm, either (1) the reasonable and fair value of the services provided by the Firm prior to such discharge, as determined by the court, or (2) a proportional share of

the contingency fee portion of the ultimate recovery by client, such proportional share to be determined by comparing the amount of work done by the Firm to the amount of work performed by other counsel, or as otherwise determined by the Court. If no election is made by the Firm at the time of discharge, the Firm shall be presumed to have elected option (2).

In connection with any recovery on behalf of Client's claim(s), Client expressly grants the Firm authority to endorse and deposit into its Trust Account any checks in Client's name. Client authorizes the Firm to deduct fees, costs, and expenses, and to pay liens, executed by Client and filed with the Firm, and to pay the liens, and assignments or claims in favor of any third party insurer, hospital, medical provider, or governmental entity related to the Claim(s) for medical care and treatment by health care self-insurers or insurance carriers, or by the Firm for other legal services, from Client's share of the recovery.

Subject to the Firm's rights to a fee set forth above, and to assert a lien pursuant to law, Client shall have the right to discharge the Firm at any time and for any reason upon written notice to the Firm. If Client discharges the Firm, Client understands that in consideration for the services the Firm shall have provided up to the time of such discharge, the Firm will be entitled to be reimbursed for all costs and disbursements advanced by the Firm on Client's behalf with respect to the Claim(s) immediately following such discharge, and to be paid a fee as set forth above, or as otherwise determined by the Court. Any amounts due to the Firm beyond its expenses shall not be due to the Firm until the Claim(s) are completed and result in a Recovery.

In the event extraordinary services are required, the Firm may apply to the court for greater compensation pursuant to the Special Rules of the Appellate Division regulating the conduct of attorneys. *ABA Rules*

The Client understands that current law and regulations regarding Medicare, Medicaid or private health insurance plans ("Healthcare Providers") may require all parties involved in this matter (client, law firm, defendant and any insurance companies) to compromise, settle, or execute a release of Healthcare Providers' separate claim from reimbursement/lien for part and future payments prior to distributing any verdict or settlement proceeds. Client agrees that the Firm may take all steps in this matter deemed advisable for the handling of this claim, including hiring separate experts/case workers who assist with resolving any Healthcare Providers' reimbursements claims or liens for past and/or future related medical care. The expense of any such service shall be treated as a case expense and deducted from the Client's net recovery and shall not be paid out of the Firm's contingent fee in this matter.

In the event that this claim requires the appointment of a legal representative (i.e. Executor, Executrix, Administrator, Administratrix, Conservator, etc.), it is expressly understood and acknowledged that the Firm may retain outside counsel to process the appointment of such a legal representative. Any fees and expenses for the services of such outside counsel shall be the obligation of the client and shall be paid by the client either directly to outside counsel at the time the services are rendered or, upon agreement between the client and outside counsel, the client authorizes and directs that said fees and expenses be paid to outside counsel at the conclusion of the case from the net proceeds of the client's share of any recovery herein. Further, in the event that such fees and expenses are advanced by the Firm to outside counsel on behalf of the client, the client hereby authorizes and directs that said fees and expenses be reimbursed directly to the Firm from the client's share of the net proceeds of any recovery herein.

(7)
The Client understand that the deadline for bringing a legal action (statute of limitations) in the Client's case may have expired before the Client first communicated with the Firm or that the deadline may expire in the very near future. (The Client further understands and acknowledges that it will take time to gather pertinent medical records and other information relevant to evaluating the Client's case, that it also typically takes the Firm a minimum of sixty (60) days to evaluate a client's case after the Firm has received all of the pertinent medical records and other information to assess a client's case, and that the deadline for bringing a legal action may expire before the Firm can complete its evaluation.) The Client agrees to take all reasonable measures to assist the Firm in gathering any pertinent medical records and other information promptly, and to cooperate fully with the Firm during the evaluation period. The Client understands that if the Client fails to cooperate fully with the Firm during the evaluation period, the Client's lack of cooperation may make it difficult or impossible for the Firm to competently complete its evaluation of the Client's case and to file the Client's case before the statute of limitations expires. The Client understands that the statute of limitations period for the Client's case must be investigated and that this Agreement is made subject to that investigation as well as an investigation of the Client's entire case.

It is expressly understood and agreed that this retainer does not include and does not contemplate work or expenses required on any appeals which may be necessary in conjunction with this case. In the event that any appellate work is required, regardless of which party(ies) to the action initiate any appeals, a further and separate retainer for that appellate work, with a separate fee therefore, will be required.

The Client acknowledges that the Firm has advised the Client that the Client is welcome to have personal counsel of the Client's choice review and advise the Client concerning this Agreement.

The Client provides consent for the Firm and its attorneys to publish the results of the case including, without limitation, trial verdicts, arbitration awards, settlement amounts (without disclosing the names of the parties where confidential), and/or fee awards in advertisements and other media.

The Client understands and agrees that the Firm may contact the Client at any phone number (including mobile, cellular/wireless, or similar devices) or email address the Client provides at any time, for any lawful purpose. The ways in which the Firm may contact the Client include live operator, automatic telephone dialing systems (auto-dialer), prerecorded message, text messaging systems or email. Phone numbers and email addresses the Client provides include those the Client gives to the Firm, those from which the Client contacts the Firm or which the Firm obtains through other means. The Client also understands and agrees that the Firm may monitor/and or record any of the Client's phone conversations with the Firm representatives.

Should a dispute arise concerning the Firm's legal fees or costs which cannot be amicably resolved, either party may seek arbitration pursuant to the New York State Fee Dispute Resolution Program of disputes involving fees under \$50,000 (22 N.Y.C.R.R. § 137).

CO-COUNSEL: The Firm may work in association with other law firms on this claim and those law firms may become involved in the prosecution of this matter. However, the Client understands that no additional attorney's fees will be chargeable to the Client for work performed by any other law firm and the Firm will divide the attorney's fees with associate counsel and will maintain joint responsibility for the prosecution of the Client's claim(s) in the event that associate counsel becomes involved in this matter.

_____ (if any such firm is set forth, "Co-Counsel Firm") introduced the representation of Client's claim(s) to the Firm. Upon the successful conclusion of the prosecution of Client's claims, Co-Counsel Firm and the Firm will share the contingency fee provided in this Agreement. Pursuant to Rule 1.5(g) of the New York Rules of Professional Conduct, Client has been informed and agrees that Co-Counsel Firm will receive ____% of the fee received by the Firm, and that Co-Counsel Firm has assumed joint responsibility for this representation with the Firm.

ACKNOWLEDGED AND AGREED:

Dated: 10/20/2021

Muhammad Milhouse

Client Signature

Morgan & Morgan New York, PLLC

Certificate Of Completion

Envelope Id: 83DDA6557A964D8E99D5EFD61B79ADAE

Status: Completed

Subject: Muhammad Milhouse, Your Lawyer Is Ready To Investigate Your Claim - Click To Get Started

Source Envelope:

Document Pages: 4

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 1

Morgan & Morgan Contracts

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20 North Orange Avenue

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16th Floor

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Orlando, FL 32801

esignmmpa@gmail.com

IP Address: 13.110.6.8

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Status: Original

Holder: Morgan & Morgan Contracts

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esignmmpa@gmail.com

Signer Events**Signature****Timestamp**

Muhammad Milhouse

wmpmm777@gmail.com

Security Level:

None

ID: 7c603fc5-908a-4a83-9d42-f7a405099f98

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Muhammad Milhouse

Signature Adoption: Pre-selected Style

Using IP Address: 172.58.224.187

Signed using mobile

Sent: 10/20/2021 6:29:15 PM

Viewed: 10/20/2021 6:30:04 PM

Signed: 10/20/2021 6:32:49 PM

Electronic Record and Signature Disclosure:

Accepted: 10/20/2021 6:30:04 PM

ID: 43062caa-5e3b-4a95-831e-9d82c95baa0b

Company Name: Morgan & Morgan

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

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Security Checked

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Completed

Security Checked

10/20/2021 6:32:49 PM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Morgan & Morgan (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the "I agree" button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign "Withdraw Consent" form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Morgan & Morgan:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: FLInfo@forthepeople.com

To advise Morgan & Morgan of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at FLInfo@forthepeople.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Morgan & Morgan

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to FLInfo@forthepeople.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Morgan & Morgan

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to FLInfo@forthepeople.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

| | |
|-------------------------|---|
| Operating Systems: | Windows2000 [™] or WindowsXP [™] |
| Browsers (for SENDERS): | Internet Explorer 6.0 [™] or above |
| Browsers (for SIGNERS): | Internet Explorer 6.0 [™] , Mozilla FireFox 1.0, NetScape 7.2 (or above) |
| Email: | Access to a valid email account |
| Screen Resolution: | 800 x 600 minimum |

| | |
|----------------------------|--|
| Enabled Security Settings: | <ul style="list-style-type: none"> ò Allow per session cookies ò Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection |
|----------------------------|--|

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the "I agree" button below.

By checking the "I Agree" box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Morgan & Morgan as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Morgan & Morgan during the course of my relationship with you.



This is in regards to the second page paragraph 7
the government is responsible for me and has value?

DHS COVID-19 Isolation Site Process, Responsibilities, and Best Practices

Purpose

This document provides guidance regarding the isolation site process, staff and vendor responsibilities, and best practices for operation, which, in implementation, should take into account differences among sites.

PPE Note

Supply of personal protective equipment (PPE) is extremely limited at the City, State, and Federal levels. DHS is affected by these supply chain issues as are many other City agencies. DHS will work to source equipment within the current constraints.

Isolation Site Overview

Background

The Department of Homeless Services (DHS) established isolation sites to facilitate isolation of clients, otherwise sheltered in congregate settings, who have tested positive for COVID-19 ("COVID"), are pending COVID test results, or are exhibiting COVID-like illness (CLI).

Shelter, safe haven, drop-in, and outreach providers and hospitals are collaborating with DHS' Serious Incident Unit (SIU) and Office of the Medical Director (OMD) to identify clients who are appropriate for isolation site placement. Isolation sites offer clients, whose COVID-related health issues do not warrant hospitalization, appropriate space and time to rest and recover.

Isolation sites provide a healthy and safe environment for staff and clients while simultaneously slowing the spread of the virus in the larger community by adhering to the following:

- existing facility operation procedures and best practices,
- enhanced COVID-related medical intake,
- regular wellness check monitoring and daily reporting,
- medical emergency protocol,
- social distancing and isolation practices,



- mental health check-ins,
- thorough housekeeping,
- extended use of personal protective equipment (PPE),
- hand washing, and
- transfer entry and exit criteria.

In accordance with the NYS Department of Health (DOH) recommendations, clients remain in isolation sites until three criteria are met:

1. fourteen days have passed since the onset of COVID-related symptoms or testing positive for COVID,
AND
2. three days have passed without fever and without medication to reduce fever,
AND
3. symptoms are resolving.

Transfer Process to Isolation Sites

SIU staff arrange transportation for DHS clients, who generally transfer to isolation sites from other shelter, safe haven, drop-in, or outreach locations or directly from the hospital.

Providers who identify clients exhibiting CLI must follow the "COVID 19 Shelter Guidance" (accessible on the DHS Intranet under "Critical COVID-19 Documents") which directs them to take the following steps:

- provide the client with a mask,
- direct the client to a designated isolation area onsite,
- call 911 if the client is in immediate distress,
- refer the client to the onsite medical provider if available, or call the appropriate hotline (1-844-692-4692 between 9am-9pm or 1-844-733-3627 for service key NYCHH, between 9pm-9am) to determine if COVID testing and/or isolation is necessary, and
- call the DHS SIU Hospital Referral Line at 212-361-5590. SIU staff will arrange transportation to an isolation site if onsite isolation at the current location is unfeasible and will emphasize to shelter providers that all client medications, medical supplies and equipment, and copies of pertinent medical documentation must travel with the client.

Hospitals discharging patients with no known residence who tested positive for COVID, are pending COVID test results, or have CLI must follow the "COVID-19 Hospital Protocol for Discharge to Isolation" (accessible on the DHS Intranet under "Critical COVID-19 Documents") which directs hospital staff to take the following steps:



- call the DHS SIU Hospital Referral Line at 212-361-5590 to determine if patient is a DHS client,
- arrange placement in a NYC Emergency Management (NYCEM) isolation site if patient is not a DHS client,
- complete the "COVID-19 DHS Isolation Site Referral" form and submit to DHSMedical-COVID19@dhs.nyc.gov if not arranging placement in a NYCEM isolation site,
- provide DHS with the following information:
 - patient's name and date of birth to confirm DHS history,
 - date of symptom onset,
 - date of COVID test and results,
 - last date of fever,
 - other pertinent information,
 - acknowledgement that the isolation site has limited or no medical care and confirmation that the client is appropriate for this setting, and
 - acknowledgment that every patient will be provided a two-week supply of medications and prescriptions will be called into a pharmacy closest to the isolation site for a 30-90-day supply and that patients lacking insurance coverage will be provided a 30 day supply of medications (including necessary medical supplies and equipment) at hospital discharge,
- coordinate with SIU to arrange transportation from the hospital to the isolation site.

Population and Occupancy

The immediacy of the situation dictates that all isolation sites may be used for individuals of any gender and adult families and that certain units may be used for up to two unrelated individuals of the same gender, provided both have been tested positive for COVID.

Isolation Site Essential Services

Isolation sites must provide clients with the following essential services:

- enhanced medical intake completed by medical staff,
- regular wellness checks completed by medical staff,
- daily temperature and blood oxygen level checks completed by medical staff,
- medication management and, upon request, monitoring of medication self-administration completed by medical staff,
- education on COVID isolation, precautionary measures, and the exit transfer process,



- nutritious meals provided by contracted vendor and appropriately stored and delivered by provider staff,
- bottled water or drinking cups sourced by provider,
- personal hygiene items sourced by provider,
- cleaning products for clients sourced by provider,
- face masks to wear by clients at all times except when alone in room,
- clean linens and towels provided by the building owner or property manager, and
- applicable reasonable accommodations facilitated by provider and DHS.

Isolation Site Staffing

Whenever possible, DHS looks to staff isolation sites with experienced shelter providers that have extensive shelter work history and practice wisdom. Particularly in an isolation site, staff must consistently demonstrate cultural sensitivity, patience, empathy, understanding, respect, sound judgment, and attention to detail. Staff must also practice a strengths-based, client-centered, and trauma-informed approach to engagement. Staff must have an informed understanding of COVID, related symptoms, transmission of the virus, social distancing, isolation measures, extended use of PPE, cleaning and sanitizing best practices, and hand washing requirements. Further guidance about COVID can be found here from the Centers for Disease Control and Prevention (CDC) and here from NYC's Department of Health and Mental Hygiene (DOHMH). This combination of skills, knowledge, and approach are critical to the sound operation of an isolation site.

Isolation site staff include the following:

- Site supervisor: Onsite during business hours and available on-call 24/7, to direct and support staff onsite, ensure staff follow protocol and best practices, review client records, identify and resolve critical issues, manage crises as they emerge, and troubleshoot barriers to efficient operations and social service delivery.
- Administrative support: Onsite or remote during business hours to facilitate staff scheduling, record keeping, supply monitoring and replenishment, and other administrative tasks.
- Operations staff: Onsite 24/7 to ensure healthy and safe shelter operations by distributing necessary supplies and meals to clients, coordinating security, housekeeping, and medical staff, serving as onsite point of contact for HERO and Vacancy Control, and acting as liaison to supervisory staff during non-business hours in order to attend to critical service needs in a timely manner.
- Security (staffed by the building owner or property manager, provider staff, or a contracted vendor): Onsite 24/7 to ensure the safety of staff and clients throughout the



building, monitor access control, greet and orient clients when they first arrive, and escalate issues as necessary.

- Medical staff (staffed by provider staff or a contracted medical provider): Onsite 24/7 to complete enhanced medical intake at the time of client entry into the isolation site and regular wellness checks throughout the day, determine client medical appropriateness for site, complete daily temperature and blood oxygen level checks, record reported and observed symptoms, submit daily wellness check report, resolve outstanding medication issues, monitor medication self-administration and document appropriately, facilitate methadone delivery, identify conditions requiring EMS intervention, apprise site supervisor and social service staff of critical client information, maintain medical intake and wellness check records, and share such records with the site supervisor or designee as requested and at the time of transfer to original shelter.
- Housekeeping (staffed by the building owner or property manager, provider staff, or a contracted vendor): Onsite daily to clean and disinfect all common areas and clean and disinfect units at the time of client discharge.

Common Areas

To adhere to social distancing practices, isolation measures, and cleaning and sanitizing regimens, staff may only use common areas for appropriately spaced staff posts, vendor transactions, and thoughtfully timed and distanced necessary movement of clients at the time of transfer into and out of the facility. No staff, vendors, or clients may gather in common areas. To ensure all feasible measures and precautions are in place to protect against spread of the virus, site supervisors must work cooperatively with medical staff to determine the most appropriate positioning of all facility staff, implement best practices for moving clients, staff, and vendors throughout the building, and provide COVID-related education for clients, staff, and vendors. Helpful guidance from the CDC on site planning and considerations can be found [here](#).

Cleaning and Sanitizing

Housekeeping staff must be onsite daily to clean and disinfect all common areas (including cleaning and disinfecting frequently touched surfaces several times per shift, especially doorknobs, elevator buttons, phones, banisters, tabletops, handrails, etc.), replenish fresh towels, linens, and cleaning supplies for client rooms as necessary, and clean and disinfect units at the time of client exit. Clients must take responsibility on a daily basis for cleaning their assigned units. Further guidance from the CDC regarding cleaning and disinfecting can be found [here](#).



Use of PPE

PPE supplies are limited and must be appropriately conserved given the extent of the current crisis. Clients must wear masks while in common areas and in the presence of others. Staff and vendors must wear masks in the presence of clients and should also use gloves whenever touching any surfaces or objects in the facility. Further guidance from the CDC regarding PPE can be found [here](#) and [here](#).

Telephone and Video Conferencing

Whenever possible, provider and medical staff should utilize available technology to engage clients through telephone and video conferences, including contacting clients on their cell phones if they agree to this. Practicing social distancing and limiting direct contact when possible will help protect the health and safety of all and help limit further spread of the virus. If face to face client contact is necessary, a distance of six feet must be maintained. If close contact is necessary, appropriate PPE, including mask and gloves, must be used and appropriate steps taken to conserve PPE.

Isolation Site Process and Best Practices

Access Control

Providers must post security staff at access control to monitor client, staff, and vendor movement in and out of the building. To help reduce anxiety and foster a supportive environment, security staff must greet newly arriving clients at the facility by introducing themselves, including their name and title. As the first point of contact upon entry, security staff must remind clients, staff, and vendors to wear PPE before entering the facility and take steps to conserve PPE.

Shelter Registration

Providers must post social service staff beyond access control and ensure they welcome clients and introduce themselves by name and title and asking the client their preferred name and gender pronouns to help reduce anxiety and foster rapport. Social service staff must ask clients



questions necessary for registration, intake, and confirmation of unit assignment in CARES, including, but not limited to, the following:

- name and date of birth to confirm identity and verify record in CARES or StreetSmart,
- additional information to reconcile any missing or incorrect information in CARES, and
- hospital discharge paperwork or clinic record, which social service staff will obtain, if applicable and available, and hand to medical staff.

Social service staff must also orient clients to the facility, including specific information about the purpose of isolation and the importance of refraining from movement in and out of the building, meals, linens, cleaning supplies, personal hygiene supplies, facility amenities, availability of social service staff, who to call for questions and medical needs, and the transfer process to return to original shelter (see Appendix D).

Medical Intake

Providers must post medical staff beyond access control to ask clients pertinent medical information and record information on the DHS COVID-19 Isolation Site Medical Intake form (manual form attached as Appendix A and electronic form available through this link: <https://nycdhs.wufoo.com/forms/medical-intake-form/>). It is critical that medical staff review any available discharge paperwork; inquire if the client was tested for COVID and the status of the results; observe and ask about the presence of COVID symptoms and any underlying conditions; ensure clients have all necessary medications on hand and work with social service staff to troubleshoot if medication is missing, as outlined in the Medication section below; ask specifically if the client is on methadone maintenance or buprenorphine and, if so, follow the steps for Methadone Delivery below; educate the client on COVID, social distancing, isolation, precautions, extended use of PPE, and the transfer process; and determine and advise clients of the appropriate wellness check schedule based on clinical presentation and vulnerability factors. Clients with significant presenting factors, including but not limited to the following, require more frequent wellness checks:

- 65 years old or older,
- chronic lung disease,
- moderate to severe asthma,
- heart disease with complications,
- immunocompromised (including cancer treatment),
- severe obesity,
- diabetes,
- renal failure, or
- liver disease.



Medical staff must remind clients, staff, and vendors to wear PPE before entering the facility and remind everyone about extended use of PPE and social distancing, contact with surfaces and objects in the facility, and frequent hand washing for at least 20 seconds. Medical staff must inform newly arriving clients of the additional precautions staff are taking at the facility, including thoughtful timing and spacing of movement through the building, and the necessity of these steps to guard against further spread of the virus.

Medical Appropriateness

Medical staff must determine at intake if clients are medically appropriate for the site. Isolation sites are intended for DHS clients with mild COVID illness and no complicating factors who do not require medical or supportive home care. DHS Isolation sites are not medical facilities and do not provide medical services. Medical staff are onsite to monitor low-level health needs of clients, coordinate additional care or services whenever needed, and coordinate transfer to original shelter once criteria are met to exit the isolation site. DHS isolation sites are only appropriate for people who are stable enough to isolate alone in a hotel room, similar to having a patient isolate alone at home. Medical staff must reference the "COVID-19 DHS Isolation Site Referral" form and consult with their assigned DHS Program Administrator in the event of medical inappropriateness.

Wellness Checks

Medical staff must determine the appropriate cadence of wellness checks based on a client's clinical presentation and vulnerability factors. Medical staff must conduct wellness checks according to the established cadence.

At each wellness check, medical staff must ask if symptoms are worsening or improving or if there are any new symptoms, including the presence of fever, cough, sore throat, or shortness of breath, and must check and record temperature and blood oxygen level daily. Medical staff must record regular wellness checks throughout the day (at least two per shift for each client) on the DHS COVID-19 Isolation Site Wellness Check form (manual form attached as Appendix B). By 5:00 am every day, medical staff must send an electronic version of the Wellness Check form for each client, indicating the status of each client's symptoms over the past 24 hours, by completing the form accessed through the following link:

<https://nycdhs.wufoo.com/forms/wellness-check-report/>.

In the event a client does not respond during a wellness check, the medical staff must inform social service staff, who must follow existing shelter protocol for keying into the unit in order to ensure the immediate health and safety of the client. In such instances, provider or security



staff must accompany medical staff (all with appropriate PPE) to the unit. Staff must knock on the door and call the name of the client in a loud voice. If there is still no response, staff must state that the door is being unlocked and staff are entering to make sure all is okay. Staff must enter the unit and continue to try to arouse the client if necessary. If the client remains unresponsive, staff must call 911, administer naloxone according to DHS' Overdose Prevention Procedure, and follow standard operating procedures for serious incidents.

If clients report or exhibit any emergency warning signs, medical staff must call 911 and inform provider staff who must follow standard operating procedures for serious incidents. Emergency warning signs include, but are not limited to, the following:

- trouble breathing,
- persistent pain or pressure in the chest,
- new confusion or inability to arouse,
- psychiatric distress requiring immediate attention such as intent or plan to harm self or others or responding to internal stimuli and not able to redirect,
- severe constant dizziness or lightheadedness,
- new seizures,
- slurred speech, or
- bluish lips or face.

In the event EMS refuses to transport the client to the hospital, medical staff must record the names and badge numbers of those responding and, while they remain onsite, call the EMS telemetry supervisor at 718-899-5062. If EMS still refuses to transport the client to the hospital, provider staff must immediately contact their assigned DHS Program Administrator.

Medical staff might find it helpful to use the CDC Symptoms Self-checker to evaluate clients or the CDC COVID app.

Medical staff must arrange for mental health services for clients experiencing distress that does not rise to the level of an emergency need.

Medical staff must communicate with their medical supervisor to discuss client deterioration or new symptoms that do not rise to the level of emergency need.

Daily Reporting

At the start of the 8am-4pm shift, the site supervisor must provide medical staff with an updated client roster. By 11:00 pm every day, medical staff must electronically submit a Medical Intake form for all clients newly arriving that day by completing the form accessed through the following link: <https://nycdhs.wufoo.com/forms/medical-intake-form/>. The site



supervisor can access this electronic submission of the Medical Intake form for copying and pasting into CARES, printing, and sharing of the hard copy with medical staff for their records.

By 5:00 am every day, medical staff must submit an electronic version of the Wellness Check form for each client, indicating the status of each client's symptoms over the past 24 hours, by completing the form accessed through the following link:

<https://nycdhs.wufoo.com/forms/wellness-check-report/>. The site supervisor can access this electronic submission of the Wellness Check form for copying and pasting into CARES, printing, and sharing of the hard copy with medical staff for their records. A summary version of submitted data will populate the client roster to be used for coordinating services the following day.

Transfer from Isolation

Tracking of symptoms over time through electronic submission of the Medical Intake form and the Wellness Check form will help inform when isolation can be discontinued and return to original shelter is appropriate.

In accordance with the NYS Department of Health (DOH) recommendations, clients remain in isolation sites until three criteria are met:

1. fourteen days have passed since the onset of COVID-related symptoms or testing positive for COVID,
AND
2. three days have passed without fever and without medication to reduce fever,
AND
3. symptoms are resolving.

Isolation site staff must communicate to clients that they will not be permitted entry into their prior official shelter or another DHS shelter until officially transferred from the isolation site once the three criteria above are met. Isolation site staff must communicate to clients the importance of this measure and provide further education on COVID-related precautions when necessary and should take steps to help facilitate isolation through building of rapport, attending to client needs, and troubleshooting obstacles.

OMD reviews on a daily basis a report of wellness check data indicating those in isolation who meet the criteria for transfer from isolation according to wellness check submissions. OMD confirms or rejects the transfer recommendation of those clients on the daily report. OMD sends a list of confirmed transfer recommendations to VC. VC uses the list of confirmed transfer recommendations to coordinate transfers with isolation site providers. Medical and provider



staff at isolation sites use OMD's list of confirmed transfer recommendations to complete a final wellness check in person with those recommended for transfer.

Following the final in person wellness check, medical staff deem that return to original shelter is appropriate when the above criteria are met and clients neither report or exhibit ongoing COVID-related symptoms. For those appropriate for transfer from isolation, medical staff must complete the Transfer from Isolation Site and Referral to Original Shelter form (see Appendix C) and hand this form to provider staff. Provider staff must contact Vacancy Control (VC) at HERO to communicate the recommendation. VC staff will coordinate transportation from the isolation site to the official shelter placement. VC staff must communicate the placement and transportation information to provider staff. Provider staff must give a copy of the Transfer from Isolation Site and Referral to Official Shelter form to the client. Provider and medical staff must ensure that all client medications, medical supplies and equipment, and copies of pertinent medical documentation travel with the client upon transfer to original shelter. If medications or medical supplies or equipment are known to be missing, the medical provider must record these on the Medication Self-administration Record (Appendix E), which must travel with the client from the isolation site to the original shelter.

Vacated Units

Provider staff must immediately notify VC at HERO of vacant units and must immediately deploy housekeeping staff to clean and disinfect the units and replenish clean towels and linens, with an anticipated turnover in 24 hours or less. VC must communicate directly with provider staff what units are being reserved for clients and the estimated time of arrival of new clients.



Medication Management

Overview

This section provides guidance regarding medication management at isolation sites and the required actions of isolation site staff, including:

- **Medication Reconciliation**
 - Isolation site staff, at the time of transfer into and out of the isolation site, must work in conjunction with each client's original DHS location, pharmacy, and physicians to ensure all medication and medical supplies are present and available to clients.
- **Medication Labelling**
 - Isolation site staff must ensure all medication is properly labelled and take appropriate steps to identify medication not in original packaging.
- **Medication Storage**
 - Isolation site staff must offer to store clients' medication in a secure location. Clients may choose to store their medication with staff or keep it securely with their own belongings.
- **Injectable Medications**
 - Isolation site staff must store needles larger than 22 gauge in a secure location. Clients may choose to store needles smaller than 22 gauge with staff or keep them securely with their own belongings. A safe needle disposal box must be available onsite.
- **Monitoring of Medication Self-administration**
 - Isolation site staff must be available to monitor medication self-administration for those clients who choose to store their medication with staff and must keep proper records of this monitoring activity (see Appendix for sample "Medication Self-administration Record").
- **Methadone Delivery**
 - Isolation site staff must identify those clients participating in an Opioid Treatment Program (OPT) and must facilitate the process for delivery of clients' methadone to the isolation site (see Appendix for "COVID-19 Emergency Opioid Treatment Program Patient Consent" form).



Medication Reconciliation

Transfer to Isolation Site: At the time of transfer from the original DHS location to the isolation site, SIU will emphasize to the providers that all client medications, medical supplies and equipment, and copies of pertinent medical documentation must travel with the client from the original DHS location to the isolation site. If medications or medical supplies or equipment are known to be missing, the provider at the original location must record this on a medication self-administration record (specifying the medication, dosage, pharmacy, and physician), which must travel with the client from the original DHS location to the isolation site.

At the time of transfer from the hospital to the isolation site, the hospital must acknowledge to SIU that every patient will be provided a two-week supply of medications and prescriptions will be called into a pharmacy closest to the isolation site for a 30-90-day supply. If the client lacks insurance coverage, a 30 day supply of medications (including necessary medical supplies and equipment) must be provided at hospital discharge.

Medical Intake at Isolation Site: At the time of Medical Intake at the isolation site, medical staff must confirm that all medications and medical supplies and equipment are present. If medications or medical supplies or equipment are known to be missing, the medical staff must record this information on a medication self-administration record, retain the original for their records, and submit a copy to the provider staff. Once the intake is complete, medical staff must immediately work to resolve any outstanding medication issues by taking the following steps:

- contact the original DHS location to determine if outstanding medications are onsite and, if so, coordinate delivery,
- contact the pharmacy known or suspected to have received the prescription and arrange for transfer of the prescription to a local pharmacy for delivery to the isolation site,
- contact the prescribing physician to call in the prescription to a local pharmacy for delivery to the isolation site,
- contact Claudette Jordan, cjordan@dhs.nyc.gov, 646-689-1699, or Alex Gutkovitch, agutkovi@dhs.nyc.gov, 646-221-3756, if Medicaid issues are identified.

DHS providers with clients in isolation sites must make every effort to locate medications, medical supplies and equipment, and pertinent medical documentation and coordinate with medical staff and provider staff at isolation sites to resolve outstanding issues whenever possible.



Medical staff must maintain a comprehensive list of outstanding medication issues and monitor clients with increased frequency until medication issues are resolved. Medical staff must report daily to provider staff and DHS outstanding medication issues. Medical staff, provider staff, and DHS (in consultation with the DHS medical office) will determine next steps for clients with unresolved medication issues.

Medication Labelling

If a client comes to the facility with unlabeled medication, medical staff must ask client if they have their original pill bottles. If the client does not have their original pill bottles, medical staff must ask the client for their pharmacy's or health provider's contact information to determine the dosage and type of medication.

After medical staff verifies the medication with the pharmacy, they must label the medication with the information below and store in a container or re-sealable plastic bag:

- Client's preferred and legal name
- Date of Birth
- Prescribed medication
 - Generic name of medication
 - Number of pills, route, and frequency
 - Brand name of medication

All medication must include the label of the dispensing pharmacy and the client's legal name as it is recorded in CARES and/or StreetSmart. Clients may add their preferred names to the label but cannot cover their legal name. Clients may use their preferred name when requesting access to their medication.

Medication Storage

During intake, medical staff should inform clients of the medication storage program and encourage them to participate.

Medical staff must offer clients the opportunity to have their medication stored and medication records maintained by the facility. Medication record keeping can help a clinician, case worker, or physician to better assess the client's level of medication adherence. If a client chooses to participate, staff must enter medication information in a medication self-administration record or similar method of record keeping that includes, at minimum, the following information:



- Client's preferred and legal name
- Date of Birth
- Current month and year
- Medication allergies
- Prescribed medication
 - Generic name of medication
 - Strength/Concentration
 - Number of pills, route, and frequency
 - Number of refills
 - Brand name of medication
 - Date and time of administration

For participating clients, staff must update client medication records weekly and include information about new or discontinued medication. Records must be consistently reviewed for accuracy. Any discrepancies must be reported, and all information about client medication must be kept confidential.

For participating clients, medication must be stored in a secure location. The storage room must always be locked and have, at minimum, the following types of storage:

- a lockable storage cabinet and
- a refrigerator with temperature control.

Clients who require frequent and as needed medication (for example, asthma inhalers) or access to their medication in an emergency (nitroglycerin for chest pain) should be encouraged to keep their medication with them whenever possible. If a client chooses to not store all or some of their medication, they must:

- keep their medication on their person or
- store their medication in secure personal storage.

Injectable Medication

Clients who are prescribed self-injected medications must:

- always have access to their needles and/or syringes,
 - needles larger than 22-gauge must be stored in the nurses' office,
 - needles smaller than 22-gauge can be kept either in the nurses' office or in the client's room;
- be provided a safe needle disposal box; and



- have access to appropriate storage, including refrigeration for injectable medications that require such storage conditions.

If there are no on-site medical personnel, use the link below to determine needle/syringe sizing:

<http://www.nclexquiz.com/blog/types-needles-injection-needle-gauges-injections-size-chart/>

Monitoring of Medication Self-administration

For clients who store their medications with the site, staff who are designated as responsible for medication monitoring must do the following when monitoring client medication:

- Provide client medication in a private space out of the view of others. Only one client can be in the medication room at a time.
- Confirm that the name on the medication bottle or blister pack is the client's name.
- Ask the client if they are taking the correct prescribed medication and check that the label on the blister pack, vial, or container matches the information reported by the patient and on the medication self-administration record or the facility's preferred client medication record system.
- Provide access to stored medications and offer a small cup to place medications in until client self-administers.
- Provide client with a beverage to assist with ingesting medication.
- Supervise client's self-administration and use the appropriate medication codes to record the client's self-administration in the medication self-administration record or alternative similar record-keeping system.
- When possible, monitor clients who take medication to ensure that they do not miss a dose. Encourage clients to take their medication in front of staff but note that clients may still refuse supervised medication adherence.
- If a client does not want to take their medication, remind them privately about the benefits of taking their medication as prescribed. Refer clients who refuse to take their medication to onsite medical personnel and their own medical provider.
- Note any missed medication times and check medication logs daily. If a client misses a medication time, privately remind them of the benefits of taking their prescribed medication as directed.
- Once all medication has been taken, secure the medication in the locked cabinet/cart or refrigerator.



Methadone Delivery

When completing the Medical Intake form, medical staff must ask clients if they are on methadone maintenance and, if so, complete the "COVID-19 Emergency Opioid Treatment Program Patient Consent" form and obtain the client's signature authorizing initiation of the methadone delivery process. This form must be immediately given to provider staff who will email the form to DHSMedical-Covid19@dhs.nyc.gov, including the following information:

- Client Name
- Client Date of Birth
- Client Cell Phone Number
- Name, Telephone Number, and Address of Isolation Hotel
- Name and Cell Phone Number of the Isolation Site Director
- OTP Name, Address, and Phone Number
- Name and Phone Number of Person Designated to Deliver, if in place
- Name of their original DHS location and medical provider, if one exists
- Date of Last Dose

Provider staff must contact OMD's Overdose Prevention Coordinator, Mercy Adeniranye, at 646-830-0279 or madeniranye@dhs.nyc.gov who will coordinate with OASAS to facilitate delivery of the client's methadone to the isolation site.

At the time of methadone delivery,

- security or operation staff at the isolation site will escort the courier from the curb into the facility,
- isolation site staff will confirm clients with methadone deliveries are present at the site,
- medical staff will sign for the lockboxes and deliver to the client rooms,
- medical staff, while still with the client, will call the courier on speakerphone and confirm delivery of the lockbox,
- medical staff will offer to store the methadone in the site's medication storage location in accordance with the process for monitoring of medication self-administration.

For clients on buprenorphine or other life-saving medications, medical staff must work with the client's medical provider and local pharmacy to ensure medication delivery when necessary.

All isolation sites must maintain a stock of naloxone onsite and must have trained responders onsite at all times who are able to administer naloxone. Sites that are affiliated with a medical clinic that is an Opioid Overdose Prevention Program (OOPP) must obtain naloxone from their OOPP. All other sites must affiliate with the DHS OOPP through which they will obtain naloxone and be trained by the DHS Overdose Prevention Coordinator.



Appendix A – DHS COVID-19 Isolation Site Medical Intake

Today's Date: _____ Isolation Site: _____ CARES Client ID #: _____

Client Name and Date of Birth: _____

Gender Identity and Gender Pronouns: _____

Date of Symptom Onset (*if known*) or Date of Entry Into Isolation Site: _____

| Symptoms Present | Yes | No |
|--|-----|----|
| Cough | | |
| Shortness of breath | | |
| Fever – If yes, indicate temperature: | | |
| Sore Throat | | |
| Any symptoms getting worse? – If yes, specify: | | |
| Any new symptoms since initial onset or other symptoms? – If yes, specify: | | |

| Date of COVID Test | Date of Results | Results (Positive / Negative / Pending) |
|--------------------|-----------------|---|
| | | |

Are there any other serious medical or behavioral health conditions (heart disease, diabetes, asthma, other lung disease, substance use, suicide history, etc.)? Please list:

| |
|--|
| |
| |
| |

Is the client on any medications, including methadone or buprenorphine? Please list all medications:

| |
|--|
| |
| |
| |

If the client is on medications and does not have the medications onsite, indicate below and alert the site director or medial director at once. If the client has an active cell phone, enter number below.

| | | |
|---|-----|----|
| Client has all prescribed medications onsite? | Yes | No |
| Client cell phone number: | | |

Medical Staff Name: _____ Medical Staff Signature: _____

Medical staff must electronically submit the Medical Intake for each new client by 11p every evening using this link: <https://nycdhs.wufoo.com/forms/medical-intake-form/>



Department of
Homeless Services
Department of
Social Services

Appendix B – DHS COVID-19 Isolation Site Wellness Check

Today's Date: _____ Isolation Site: _____ CARES Client ID #: _____

Client First and Last Name and Gender Pronouns: _____

Date of Symptom Onset (if known) or Date of Entry Into Isolation Site: _____

Including the Above Date and Today, How Many Days Have Passed in Total? _____

| | 1a | 3a | 5a | 7a | 9a | 11a | 1p | 3p | 5p | 7p | 9p | 11p |
|---|----|----|----|----|----|-----|----|----|----|----|----|-----|
| Feeling feverish at all today? (Y / N) | | | | | | | | | | | | |
| Medicine taken today to bring down fever? (Y / N) | | | | | | | | | | | | |
| Fever free without medication for at least three days? (Y / N) | | | | | | | | | | | | |
| Any other symptoms (cough, sore throat, shortness of breath, etc.) today? (Y / N) | | | | | | | | | | | | |
| Condition Improving, Worsening, or about the Same today? (I / W / S) | | | | | | | | | | | | |
| Called EMS for client today? (Y / N) | | | | | | | | | | | | |

Staff must call 911 and notify the site supervisor if clients report or exhibit any emergency warning signs.

Notes:

Medical Staff Name: _____ Medical Staff Signature: _____

Medical staff must complete the Wellness Check at least twice per shift and electronically submit for each client by 5a every day using this link: <https://nycdhs.wufoo.com/forms/wellness-check-report/>



Appendix C – DHS COVID-19 Transfer from Isolation Site and Referral to Original Shelter

Today's Date: _____ Isolation Site: _____ CARES Client ID #: _____

Original Shelter: _____

Client First and Last Name: _____

Date of Symptom Onset / Date of COVID Test / Date of Entry Into Isolation Site: _____
(enter earliest known date above)

Fever free for at least three days without fever reducing medication? YES or NO

Any reported or observed COVID-related symptoms at present? YES or NO

Temperature and Oxygen Level Today: _____ Medical Staff Initials: _____

In accordance with the NYS Department of Health (DOH) recommendations, clients remain in isolation sites until three criteria are met:

- fourteen days have passed since the onset of COVID-related symptoms or testing positive,
- AND
- three days have passed without fever and without medication to reduce fever,
- AND
- symptoms are resolving.

The client referenced above was regularly monitored by medical staff while residing at the isolation site, no longer needs isolation, and has been approved for return to their official shelter placement. Please restore this client to prior shelter placement.

Isolation Site Staff Printed Name

Isolation Site Staff Signature and Date



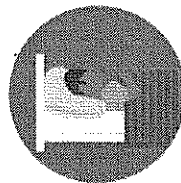
Appendix D

Welcome! Rest, Recover and Feel Better Soon!

Welcome to this DHS isolation site! This site is here to help make sure you get the rest you need to recover and feel better. While here, you will be in a more private setting so you can get good rest and make sure others don't get sick, too. You will stay at this site temporarily until you are no longer sick from the virus and not at risk of spreading the virus to others.

It is very important that you stay in your room and rest. This will help you become healthy again and will help keep others from getting sick. Staying in your room is the most important thing you can do right now to protect yourself and your fellow New Yorkers!

Below is information about your stay. We wish you a safe and speedy recovery!



Stay at the isolation site except to get medical care

- **Stay in your room.** Most people with COVID-19 have mild illness and can recover without medical care. Do not leave your isolation site, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Food and other personal care items will be delivered to your room. If you need assistance with obtaining medication (prescriptions or over-the-counter), please let staff at the isolation site know.
- **Access to emotional support and crisis counseling.** If you are experiencing distress or mental health concerns related to your illness or stay at the isolation site, you can call 888-NYC-WELL (888-692-9355), or text "WELL" to 65173 for a confidential help line.
- **Stay in touch with medical staff.** A nurse will check in with you on a regular basis to take your temperature and make sure you are doing okay. Be sure to let the nurse know if you have trouble breathing, or have any other emergency warning signs, or you think it is an emergency. You can also call 911 if it is an emergency.
- **Do not go back to your shelter until cleared.** Going back to your shelter to meet with friends puts them at risk. It is important to stay at the isolation site for the safety of all New Yorkers.
- **Avoid public transportation, ride-sharing, or taxis.**
- **Site staff will keep you informed.** If you have questions about the length of your stay at this temporary location, please ask a nurse or other site staff.



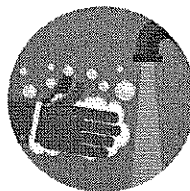
Wear a cloth covering over your nose and mouth

- **You should wear a cloth face covering or mask over your nose and mouth** if you must be around other people (even at the isolation site).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.



Cover your coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw away used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, sneezing, or going to the bathroom, and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water** are the best option, especially if hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

Appendix E – Medication Self-administration Record

Client Preferred Name: _____

Date of Birth: _____

Month/Year: _____

Client Legal Name: _____

Medication Allergies: _____

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------------------|-------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Medication: | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Str/Con: | Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sig: | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brand Name: | Night | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Medication Codes:

✓ = Client Self-Administered Medication

0 = Absent

1 = Refusal or partial refusal

2 = Medication withheld due to drug or alcohol consumption

3 = In hospital, detox, or rehab

4 = In jail, prison, or other institutional setting

5 = Did not present for medication

6 = Medication not obtained/refill needed

7 = Pre-pack retained by recipient

8 = Pre-pack retained by staff



Page 2.1 *attachmax 2.1*

Regulatory Review Report without Correction History

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Report / site Exam

Patient Name: MUHAMMAD MILHOUSE
 Attending Caregiver:

Sexual Assault

Sexual assault is any unwanted sexual activity that occurs without clear permission (consent) from both people. If a person does not have the mental ability to give consent, consent cannot happen. Sexual assault is never the victim's fault. No one has the right to have sexual contact with you without your consent. Various forms of sexual assault include:

- Unwanted touching.
- Penetration. This may include vaginal, oral, or anal penetration.
- Incest.
- Human sexual trafficking.
- Sexual harassment.
- Any form of sexual activity that occurs when a person is unable to give consent.

Sexual assault can happen to a person of any age, gender, or race. It can be committed by a stranger or by someone you know. It can include force, threats, or pressure to be involved in sexual activity that you do not want.

Sexual assault may cause health problems for the person who was assaulted, including:

- Physical injuries in the genital area or other areas of the body.
- Unwanted pregnancy.
- STIs (sexually transmitted infections).
- Psychological problems, such as:
 - Anxiety.
 - Depression.
 - Post-traumatic stress disorder (PTSD).

WHAT SHOULD I DO AFTER SEXUAL ASSAULT?

It is important to get medical care as soon as possible after a sexual assault. Your health care provider may:

- Perform a physical exam.
- Test for infections.
- Test for pregnancy, if this applies.

Regulatory Review Report (Form 100)

Product Name: 100% Natural, Pure...

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LeS. Dental group: 62 Rivington Street
New York NY 10002

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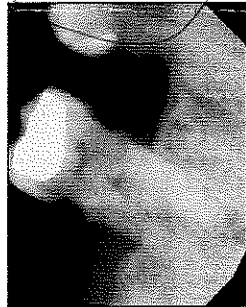
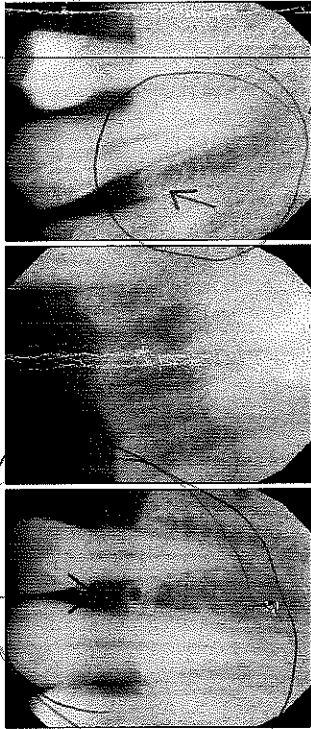
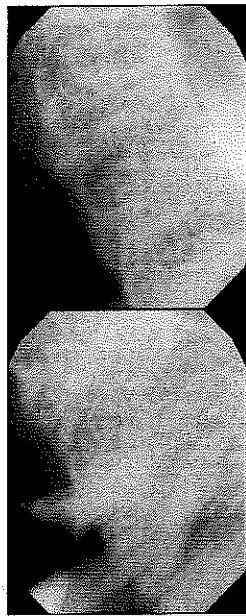
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(FACP)
Rule 8(b)(1)(e) except as to
→ To Do Justice

MILHOUSE, MUHAMMAD *10/29/1970 (017579)

(MILHOUSE)

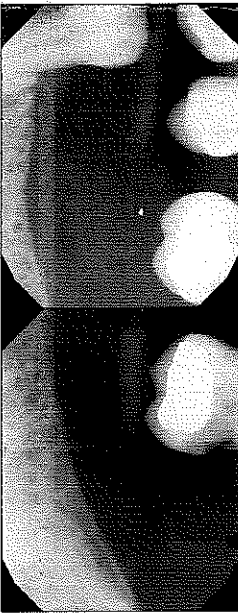
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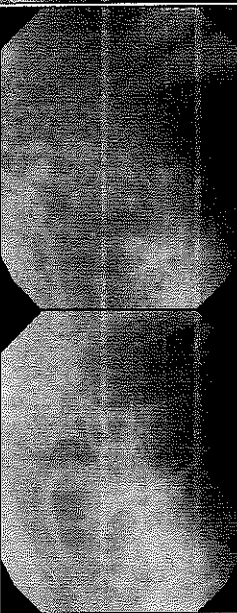
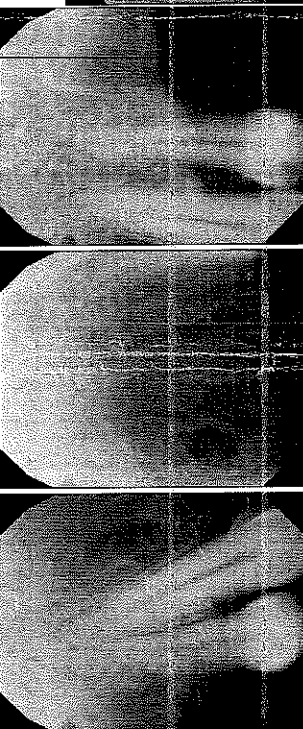
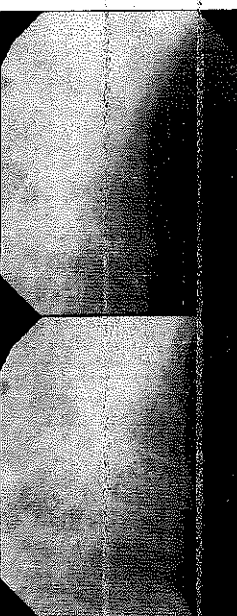
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The Rapist drilled
into my bones thus
pulling a nerve so induce
supererogation upon -

penetration of bones comes; an x-ray symptoms so and in the lower body
of bone which is equal result. the evidence condition associated: -

makes me feel miserable

and remove of myself involve - low self-esteem - your notices are exactly
reactive - you find you started more easily - you ~~are~~ advice are exactly been - you hearing more of
Next page - 4/4

Hypersensitive super sensitive nerves
senses - anxiety symptoms descriptions
continuous matches the feelings I sometimes
find hard to express and for a long time I
didn't understand well this medical -
article made it clear to me the danger
lurking around in my body: my skin is
much more sensitive that it hurts all
over my body on top extreme itching - super
dry - hot and super cold Nerves make my skin
hot when my nerves are on fire then
super freeze my body starts to tremble
and then I begin to shake mildly and
I get very dizzy tire and sleepy and -
restless all of a sudden and at once
and I go through this 3 sometimes 4
times a week I don't know if my body
does this while I sleeping I still
have much more to learn about my
injuries. I'm frightened and then I'm
not frightened at the same time "hypertension
stress, aggravation tired just tire of it
all but I just refuse to acknowledge it
I won't give into to the fear of it all meaning:
only God know how close in contact I was with
death lurking about looking for a way to commit this
crime of Rape. Knowing who they are as for as Government
Employees ET AL.

2:41



◀ Search

Q 🔒 nerves to cause massive feelings in that area



Images



News



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What causes extreme nerve sensitivity?



Having a hyper reactive nervous system is a common consequence of stress-response hyperstimulation. As

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stimulation increases, so does the nervous system's sensitivity and reactivity. While this symptom can be bothersome, it's not harmful. It's just an indication of persistently elevated stress, and often, anxiety. May 18, 2021



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Exam requested by:
JEFFREY DAVIS MD
86 SAINT FELIX ST, 8TH FL
BROOKLYN NY 11217

SITE PERFORMED: BOND STREET

SITE PHONE: (718) 282-7000

Patient: MILHOUSE, MUHAMMAD

Date of Birth: 10-26-1970

Phone: (929) 312-8619

MRN: 2364318R Acc: 1022255931

Date of Exam: 03-23-2022

EXAM: MRI BRAIN WITH AND WITHOUT CONTRAST

HISTORY: Headache disorder

TECHNIQUE: T1-weighted, T2-weighted, FLAIR and diffusion weighted pulse sequences used to image the brain in sagittal and axial plane.
Intravenous gadolinium was administered and T1-weighted axial and fat suppressed T1 weighted coronal images were obtained. 20 cc of gadoterate meglumine from a 20 cc single-use vial was injected.
Scanner: 1.2 Tesla.

COMPARISON: August 11, 2021

FINDINGS:

No change in the 6 mm periventricular white matter FLAIR/T2 hyperintense focus in the right frontal lobe adjacent to the frontal horn. No change in the couple of tiny subcortical 1 to 2 mm FLAIR hyperintensity in the left frontal lobe, sagittal image 22 and series 15. No new lesions.
No mass, bleed, acute infarction, hydrocephalus or mass effect on the ventricular system.
No pathologic enhancement in the brain.
The midline structures are normal. There is partially empty sella compatible with some incompetence of the diaphragm sella.
The craniovertebral junction is unremarkable.
There is signal void in the visualized paranasal sinuses and mastoids.

IMPRESSION: Stable findings. No change in the benign nonspecific 6 mm FLAIR hyperintense signal in the deep white matter of the right frontal lobe. No pathologic enhancement. No new lesions.

Thank you for the opportunity to participate in the care of this patient.

Steven Klein MD - *Electronically Signed: 03-23-2022 3:31 PM*
Physician to Physician Direct Line is: (845) 213-4992

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Exam requested by:
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86 SAINT FELIX ST, 10TH FL
BROOKLYN NY 11217

SITE PERFORMED: BOND STREET

SITE PHONE: (718) 282-7000

Patient: MILHOUSE, MUHAMMAD

Date of Birth: 10-26-1970

Phone: (929) 312-8619

MRN: 2364318R Acc: 1020600830

Date of Exam: 10-30-2021

EXAM: MRI THORACIC SPINE WITHOUT CONTRAST

HISTORY: Back pain, assess for left mid thoracic disc herniation.

TECHNIQUE: An MRI examination of the thoracic spine was performed utilizing multiplanar sequences.

COMPARISON: No prior study is available for comparison.

FINDINGS:

There is mild dextroscoliosis. The vertebral bodies maintain normal height and demonstrate normal marrow signal. There is mild intervertebral vertebral disc space narrowing at T10/T11, T11/T12 and T12/L1.

At T6/T7, there is a mild left paracentral disc herniation without central canal stenosis or neural foraminal narrowing.

At T10/T11, there is a mild disc bulge with a superimposed moderate left paracentral/left foraminal disc herniation. Facet/flavum hypertrophy contributes to mild-moderate central canal stenosis as well as severe left and moderate right neural foraminal narrowing.

At T11/T12, there is a mild disc bulge which in combination with facet/flavum hypertrophy results in mild central canal stenosis as well as moderate left neural foraminal narrowing however there is no right neural foraminal narrowing.

At T12/L1, there is a mild disc bulge resulting in mild central canal stenosis however there is no neural foraminal narrowing.

On sagittal counter images, there is multilevel cervical disc disease with hyperintense T2 signal involving the spinal cord at the level of C3/C4.

There are multiple left renal cysts.

IMPRESSION:

Mild dextroscoliosis with multilevel thoracic disc disease, most severe at T10/T11 where there is mild-moderate central canal stenosis as well as severe left and moderate right neural foraminal narrowing.

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Continued: Page 2 of 2

Patient: MILHOUSE, MUHAMMAD

Date of Birth: 10-26-1970

Multilevel cervical disc disease with hyperintense T2 signal involving the spinal cord at the level of C3/C4; an MRI of the cervical spine with and without intravenous contrast is recommended for further evaluation.

Thank you for the opportunity to participate in the care of this patient.

MICHAEL REICHEL MD - *Electronically Signed: 11-02-2021 1:29 PM*
Physician to Physician Direct Line is: (646) 273-5705

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SITE PERFORMED: BOND STREET
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Patient: MILHOUSE, MUHAMMAD
Date of Birth: 10-26-1970
Phone: (929) 312-8619
MRN: 2364318R Acc: 1020459894
Date of Exam: 10-19-2021

EXAM: MR ANGIOGRAPHY BRAIN WITHOUT CONTRAST

HISTORY: Headaches and dizziness.

TECHNIQUE: Magnetic resonance angiography of intracranial circulation was performed on a 1.2T MR unit centered at the circle of Willis with three-dimensional time of flight technique and targeted maximum intensity projection reconstructions.

COMPARISON: MRI brain 8/11/2021.

FINDINGS:

Normal antegrade flow is identified in the internal carotid and basilar arteries as well as their major respective branches.

The proximal anterior, middle and posterior cerebral arteries are patent. There is fetal origin of the right posterior cerebral artery.

The vertebrobasilar system is patent.

There is no major vessel occlusion, aneurysm, or high flow vascular malformation in the proximal vessels.

IMPRESSION:

Normal intracranial MRA examination.

Thank you for the opportunity to participate in the care of this patient.

JOAN M CHI MD - *Electronically Signed: 10-20-2021 9:14 AM*
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SITE PERFORMED: BOND STREET

SITE PHONE: (718) 282-7000

Patient: MILHOUSE, MUHAMMAD

Date of Birth: 10-26-1970

Phone: (929) 312-8619

MRN: 2364318R Acc: 1019679426

Date of Exam: 08-11-2021

EXAM: MRI BRAIN WITHOUT CONTRAST

HISTORY: Headaches.

TECHNIQUE: Magnetic resonance imaging was performed with axial T1-weighted images, diffusion weighted axial images, gradient echo axial images, FLAIR axial and sagittal images and fast spin-echo T2-weighted axial images on a 1.2T MR unit.

COMPARISON: None

FINDINGS:

The ventricles, cisterns, and sulci are unremarkable.

There is a solitary 6 mm white matter lesion within the deep right frontal lobe adjacent to the ventricle. This is nonspecific. Differential considerations would include a small focus of demyelination, ischemia, or gliosis.

No masses, mass effect, hemorrhage, or cortical infarcts identified.

There are normal vascular flow voids.

Pituitary gland unremarkable.

Brainstem and cerebellum are unremarkable.

Orbits unremarkable.

Sinuses clear.

Mastoid air cells clear.

Calvarium unremarkable.

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Patient: MILHOUSE, MUHAMMAD
Date of Birth: 10-26-1970
Phone: (929) 312-8619
MRN: 2364318R Acc: 1022255930
Date of Exam: 03-23-2022

EXAM: MRI CERVICAL SPINE WITHOUT AND WITH CONTRAST

HISTORY: Headache disorder, possibility of frontal lobe lesion being demyelination

TECHNIQUE: Multiplanar, multi-sequential MRI of the cervical spine was obtained on a 1.2T scanner using a standard protocol.

Contrast: 20 mL gadoterate meglumine from a 20 mL vial.

COMPARISON: None

FINDINGS:

The bone marrow is normal.
The facet joints are unremarkable.
At C3-C4 through C6-C7, there is degenerative disc disease with disc space narrowing, bulging discs, and spondylosis impinging on the ventral subarachnoid space, as well as arthrosis of the joints of Luschka impinging on the neural foramen.
At C3-C4 there is relative moderate spinal stenosis with cord impingement and intramedullary hyperintense signal abnormality in both sides of the cord at C3 and C4 levels with Owl's eyes appearance, compatible with myelomalacia in the cervical cord.
No extramedullary intradural or extradural mass.
The craniovertebral junction is unremarkable.
The prevertebral soft tissues are unremarkable.

IMPRESSION: MRI of the cervical spine demonstrates:

Multilevel degenerative disc disease and spondylosis, with relative spinal stenosis and cord impingement with myelomalacia in the cord at C3-C4 level. I favor the intramedullary signal abnormality representing myelomalacia from cord impingement rather than demyelinating plaque.

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Patient: MILHOUSE, MUHAMMAD
Date of Birth: 10-26-1970
Phone: (929) 312-8619
MRN: 2364318R Acc: 1020600829
Date of Exam: 10-30-2021

EXAM: MRI LEFT KNEE WITHOUT CONTRAST

HISTORY: Knee pain. History of assault and prior surgery.

TECHNIQUE: Multiplanar, multi-sequence MRI of the left knee was obtained on a 3T scanner according to standard protocol.

COMPARISON: None available.

FINDINGS:

Menisci:

Complex tear of posterior horn of medial meniscus with horizontal and radial components. Radial free edge tear body of medial meniscus. Extrusion of body of medial meniscus.
Intact lateral meniscus without tear.

Cruciate ligaments:

There is a complete tear of the proximal portion of the anterior cruciate ligament.
Intact posterior cruciate ligament (PCL).

Collateral ligaments:

Intact medial collateral ligament (MCL).
Intact lateral collateral ligamentous complex (biceps femoris tendon, fibular collateral ligament, and iliotibial band).
No posteromedial or posterolateral corner injury.

Extensor mechanism:

Normal visualized distal quadriceps tendon without tendinosis, peritendinitis, or tear.
Normal patellar tendon without tendinosis, peritendinitis, or tear.
Medial and lateral patellar retinacula are intact.

Articular cartilage:

There is diffuse cartilage thinning at the medial compartment with areas of full-thickness cartilage loss over the weightbearing portion of the medial femoral condyle and medial tibial plateau as well as underlying subchondral bone marrow edema and punctate subchondral cysts.

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Patient: MILHOUSE, MUHAMMAD

Date of Birth: 10-26-1970

There is mild cartilage thinning over the lateral femoral condyle and a full-thickness cartilage fissure over the medial aspect of the lateral tibial plateau.
There is mild cartilage fraying over the median patellar ridge and lateral patellar facet.
There are marginal osteophytes at all 3 compartments.

Osseous structures:

Healed fracture deformity of distal femoral metaphysis with serpiginous intramedullary focus of signal abnormality at lateral aspect of distal femoral metaphysis suggestive of osteonecrosis, alternatively posttraumatic or postsurgical change.

Knee joint:

Small to moderate joint effusion.

Severe synovitis

No popliteal cyst.

There is a ganglion cyst at the popliteus myotendinous junction containing a small loose body

No visualized intra-articular loose bodies.

Muscles and nerves:

No intramuscular edema or atrophy.

Visualized sciatic, tibial, and common peroneal nerves are unremarkable.

IMPRESSION: MRI of the left knee demonstrates:

Complex tear of posterior horn of medial meniscus with horizontal and radial components. Radial free edge tear of body of medial meniscus. Extrusion of body of medial meniscus.

Complete tear of proximal portion of ACL.

Tricompartmental osteoarthritis, moderate to severe at medial compartment and mild at lateral and patellofemoral compartments.

Healed fracture deformity of distal femoral metaphysis. Serpiginous intramedullary focus at lateral aspect of distal femoral metaphysis suggestive of osteonecrosis, alternatively posttraumatic or postsurgical change.

Small to moderate joint effusion.

Severe synovitis.

Ganglion cyst at popliteus myotendinous junction containing a small loose body.

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Exam requested by:
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SITE PERFORMED: BOND STREET
SITE PHONE: (718) 282-7000

Patient: MILHOUSE, MUHAMMAD
Date of Birth: 10-26-1970
Phone: (929) 312-8619
MRN: 2364318R Acc: 1024815514
Date of Exam: 10-14-2022

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Lower back pain.

TECHNIQUE: Multiplanar, multi-sequential MRI of the lumbar spine was obtained on a 1.2T scanner using a standard protocol.

COMPARISON: None available.

FINDINGS:

For purposes of this dictation, the last well-formed disc space will be labeled L5-S1.

ALIGNMENT: Levocurvature of the thoracolumbar spine. Mild retrolisthesis of L1 over L2.

OSSEOUS STRUCTURES: Vertebral body heights are maintained. Mixed degenerative endplate changes throughout the lumbar spine. Diffuse marrow edema within the L2, L3 and L4 vertebral bodies. No adjacent soft tissue inflammatory changes. Findings favored to represent sequela of degenerative change. However, infection is not entirely excluded. In addition, there is a rounded focus of T1 hypointense signal within the L2 vertebral body. Finding may also reflect sequela degenerative change. However, marrow replacing lesion is not entirely excluded.

DISCS: Severe loss of disc height at L2-L3 and L3-L4. Mild disc desiccation and loss of disc height at L1-L2 and L4-L5. Mild to moderate loss of disc height at the lower thoracic spine. Multilevel Schmorl's node formation.

SPINAL CORD, CONUS MEDULLARIS AND SPINAL CANAL: Unremarkable.

PARASPINAL AND INTRA-ABDOMINAL SOFT TISSUES: Bilateral renal cysts noted.

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Exam requested by:
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150 E 55TH ST, 4TH FL
NEW YORK NY 10022

SITE PERFORMED: BOND STREET

SITE PHONE: (718) 282-7000

Patient: MILHOUSE, MUHAMMAD

Date of Birth: 10-26-1970

Phone: (929) 312-8619

MRN: 2364318R Acc: 1024815514

Date of Exam: 10-14-2022

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST**HISTORY:** Lower back pain.**TECHNIQUE:** Multiplanar, multi-sequential MRI of the lumbar spine was obtained on a 1.2T scanner using a standard protocol.**COMPARISON:** None available.**FINDINGS:**

For purposes of this dictation, the last well-formed disc space will be labeled L5-S1.

ALIGNMENT: Levocurvature of the thoracolumbar spine. Mild retrolisthesis of L1 over L2.**OSSEOUS STRUCTURES:** Vertebral body heights are maintained. Mixed degenerative endplate changes throughout the lumbar spine. Diffuse marrow edema within the L2, L3 and L4 vertebral bodies. No adjacent soft tissue inflammatory changes. Findings favored to represent sequela of degenerative change. However, infection is not entirely excluded. In addition, there is a rounded focus of T1 hypointense signal within the L2 vertebral body. Finding may also reflect sequela degenerative change. However, marrow replacing lesion is not entirely excluded.**DISCS:** Severe loss of disc height at L2-L3 and L3-L4. Mild disc desiccation and loss of disc height at L1-L2 and L4-L5. Mild to moderate loss of disc height at the lower thoracic spine. Multilevel Schmorl's node formation.**SPINAL CORD, CONUS MEDULLARIS AND SPINAL CANAL:** Unremarkable.**PARASPINAL AND INTRA-ABDOMINAL SOFT TISSUES:** Bilateral renal cysts noted.

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Patient: MILHOUSE, MUHAMMAD**Date of Birth:** 10-26-1970

The following axial levels are imaged and detailed below:

T11-T12: (Imaged only in the sagittal plane.) Small disc bulge. Mild spinal canal stenosis. Mild right foraminal stenosis.

T12-L1: (Imaged only in the sagittal plane.) Small disc bulge. Mild spinal canal stenosis.

L1-L2: Mild retrolisthesis of L1 over L2. Small disc osteophyte complex superimposed left foraminal disc protrusion. Mild bilateral facet arthrosis with hypertrophy of the ligamentum flavum. Findings result in mild/moderate left foraminal stenosis. No significant spinal or right neuroforaminal stenosis.

L2-L3: Moderate disc osteophyte complex superimposed right foraminal/far lateral disc protrusion. Mild bilateral facet arthrosis with hypertrophy of the ligamentum flavum. Findings result in mild/moderate spinal canal stenosis, severe right foraminal stenosis, and moderate left foraminal stenosis.

L3-L4: Large disc osteophyte complex. Mild/moderate bilateral facet arthrosis with hypertrophy of the ligamentum flavum. Findings result in moderate spinal canal stenosis and severe bilateral foraminal stenosis.

L4-L5: Small disc osteophyte complex with superimposed left foraminal/far lateral disc protrusion. Right foraminal annular fissure. Moderate right and mild left facet arthrosis with hypertrophy of the ligamentum flavum. Findings result in severe bilateral foraminal stenosis. No significant spinal stenosis.

L5-S1: Small left foraminal disc protrusion. Mild bilateral facet arthrosis with hypertrophy of the ligamentum flavum. Findings result in mild bilateral foraminal stenosis. No significant spinal stenosis.

IMPRESSION: MRI of the lumbar spine demonstrates:

1. Levocurvature of the thoracolumbar spine.
2. Mild retrolisthesis of L1 over L2.
3. Multilevel degenerative spondylosis of the lumbar spine resulting in mild to moderate multilevel spinal canal stenoses and mild to severe multilevel bilateral foraminal stenoses as described.
4. Diffuse marrow edema within the L2, L3 and L4 vertebral bodies. No adjacent soft tissue inflammatory changes. Findings favored to represent sequela of degenerative change. However, infection is not entirely excluded. Clinical correlation is recommended.
5. Rounded focus of T1 hypointense signal within the L2 vertebral body. Finding may reflect sequela degenerative change. However, marrow replacing lesion is not entirely excluded. Further evaluation is recommended with nuclear medicine bone scan.

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10/18/2022 12:46 PM FROM: Fax TO: +1 (212) 349-2767 PAGE: 003 OF 003



Manhattan
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Continued: Page 3 of 3

Patient: MILHOUSE, MUHAMMAD

Date of Birth: 10-26-1970

Thank you for the opportunity to participate in the care of this patient.

PAUL-MICHEL F DOSSOUS MD - *Electronically Signed: 10-18-2022 11:17 AM*

Physician to Physician Direct Line is: (646) 902-3709

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Manhattan
Brooklyn
Queens
Bronx
Long Island

Exam requested by:
MATTHEW WERT MD
489 ATLANTIC AVE
BROOKLYN NY 11217

SITE PERFORMED: BOND STREET

SITE PHONE: (718) 282-7000

Patient: MILHOUSE, MUHAMMAD

Date of Birth: 10-26-1970

Phone: (929) 312-8619

MRN: 2364318R Acc: 1025477594

Date of Exam: 11-22-2022

EXAM: DX DEXA AXIAL

HISTORY: Evaluate bone density. Male; greater than 50 years old. Screening baseline exam.

TECHNIQUE: The study was done on a Hologic densitometer.

FINDINGS:

AP Lumbar spine L1 T-score -0.7. Z-score -1.2.

Left femoral neck T-score 0.6. Z-score 0.6.

Left total hip T-score 0.7. Z-score 0.5.

Left radius 1/3 site T-score 2.2. Z-score 2.8.

L2-L4 vertebrae were excluded from the analysis because of multilevel endplate sclerosis. A single vertebra in the lumbar spine cannot be relied upon for WHO classification. Moderate lumbar levoscoliosis centered at the L2 level. No gross hip structural abnormality. No forearm structural abnormality.

COMPARISON:

None.

IMPRESSION:

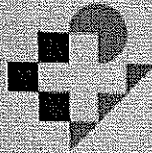
According to the WHO classification, the patient has normal bone density.

Thank you for the opportunity to participate in the care of this patient.

GREGORY WILDE MD - *Electronically Signed: 11-24-2022 12:12 PM*
Physician to Physician Direct Line is: (646) 793-2709

Confidential

Tel: 212-772-3111 - Fax: 212-734-5832 - www.lenoxhillradiology.com



The Brooklyn Hospital Center

Keeping Brooklyn healthy.

Patient: Milhouse, Muhammad

DOB: 10/26/1970

Date: 08/16/2021

Consultation from OMFS

Patient is a 50 year old male who is known to the TBHC OMFS clinic. Patient has a history of assault and is currently presenting to the OMFS clinic for an assessment of a traumatized area to the upper lip and buccal vestibule in the anterior region of the top jaw (maxilla). The tissue looks to be well-healed today, and free of any communication between the cutaneous injured area and the intraoral area. Patient understands and left satisfied. Next visit is pending general dental consultation.

If you have any questions, do not hesitate to contact me.

Thank you.

Sincerely,

Jonathan Malakan DDS Resident

Oral and Maxillofacial Surgery

The Brooklyn Hospital Center

Tel: 718-250-8616

Fax: 718-250-8644



Clinical Affiliate of The Mount Sinai Hospital
Academic Affiliate of The Icahn School
of Medicine at Mount Sinai

121 DeKalb Avenue
Brooklyn, NY 11201
tel: 718.250.8000
www.tbh.org

4:36

LTE



KNOWLEDGE



Pathogen

Biological entity that causes disease in its host, which is typically an infectious microorganism or agent, such as a virus, bacterium, protozoan, prion, viroid, or fungus



In biology, a pathogen in the oldest and broadest sense, is any organism or agent that can produce disease.

[Wikipedia](#)

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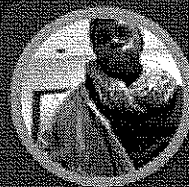
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LTE

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Menu

Muhammad
(5330985)Avenl
1st Fl
ELMH
NY 11**Ethanol** Order: 369890906Status: **Final result**Visible to patient: **Yes (seen)**Next appt: **None**

| Component | Ref | 5/1/22 11:04 |
|-----------|-------|--------------|
| | Range | PM |
| | & | |
| | Units | |

| | | |
|---------|------|-----|
| ethanol | <=50 | <10 |
|---------|------|-----|

mg/dL

Comment: 50-100 mg/dl-
flushing, slowing of
reflexes impaired visua
acuity
>100 mg/dl- Depression
of CNS

>400 fatalities reporte

sulting
ency

NYC
HEALTH +
HOSPITAL C

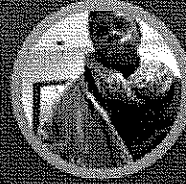
5:58

LTE

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Menu



Ethanol

Results

Status: Final result

(Collected: 5/1/2022
11:04 PM)

atient Demographics

| Patient | Legal | DOB | Address |
|-----------|-------|------------|-----------|
| Name | Sex | 10/26/1970 | 81-30 |
| Milhouse, | Male | | Baxter |
| Muhammad | | | Avenue |
| (5330985) | | | 1st Floor |

ELMHURK
NY 11373

Ethanol Order: 369890906

Status: **Final result**

Visible to patient: **Yes (seen)**

Next appt: **None**

ponent Ref 5/1/22 11:04

Range PM

&

Units

4/26/23, 1:36 PM

Mail - Troy Turner - Outlook